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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90193 042 \*\*\*\*61.25

**NONPROFIT -  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 763212**

1. Corporation Name

**VOLUNTEER SERVICES FOR ANIMALS, INC.**

Principal Place of Business

7077 AIRPORT ROAD  
NAPLES FL 34101-8221  
US

Mailing Address

7077 AIRPORT ROAD  
NAPLES FL 34101-8221  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 8221

27 Suite, Apt. #, etc.

28 City & State

NAPLES, FL

29 Zip

34101-8221

Country

USA

3. Date Incorporated or Qualified

05/11/1982

4. FEI Number

59-2197365

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LOJEWSKI, EUGENE A., P.A.  
4909 CATALINA DRIVE  
M-46  
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RUDOLPH, JANICE  
STREET ADDRESS 225 MOORINGLINE DR  
CITY-ST-ZIP NAPLES FL 34102 ☒ DELETE

TITLE VD  
NAME JAMES JOHNSON  
STREET ADDRESS 92 10TH AVE SO  
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE SD  
NAME BARBARA LEE  
STREET ADDRESS 6TH ST TROPEZ DR  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE TD  
NAME ASHER, SHAREN  
STREET ADDRESS 625 YUCCA ROAD  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME MELANIE FIELDS  
1.3 STREET ADDRESS 1883 48TH STREET, SW  
1.4 CITY-ST-ZIP NAPLES, FL 34116

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME VLANA CHADWICK  
2.3 STREET ADDRESS 4719 KITTIWAKE CT  
2.4 CITY-ST-ZIP NAPLES, FL 34119

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHAREN ASHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASHER

Date

1/20/99

Daytime Phone #

941-262-4464

CR20E037-11/99