


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90035 019 ****61.25

DOCUMENT # 763212	
1. Entity Name VOLUNTEER SERVICES FOR ANIMALS, INC.	

Principal Place of Business LOUISE MARO 2860 SHERMAN AVE. NAPLES FL 34120 US	Mailing Address P.O BOX 110727 NAPLES FL 34108 US
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2. Principal Place of Business Ruth Sterling	3. Mailing Address 2434 Golden Gate Blvd W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State Naples FL	City & State
Zip 34117	Country USA

4. FEI Number 59-2197365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASHBY, MICHAEL 3148 ANDORRA COURT NAPLES FL 34109	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARD, LOUISE 2860 SHERMAN AVE. NAPLES FL 34120 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ruth Sterling 2434 Golden Gate Blvd W NAPLES FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAREN, ASHER 1075 AUGUSTA FALLS WAY NAPLES FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phyllis Estes 3334 BALBOA CIRCLE W NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEMP, MAGGIE 4834 DEVON CIRCLE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JODI WALTERS 3301 TAMiami TRAIL EAST, BLDG H 3rd FL NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, DIANE 4980 TAMARIND RIDGE DRIVE NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5140 TAMARIND RIDGE DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASHBY, MICHAEL 3148 ANDORRA COURT NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete FIELDS, MELANIE J 3711 31ST AVE. S.W. NAPLES FL 34117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie Fields Melanie Fields 4/2/05 (239) 353-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #