2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am Secretary of State **DOCUMENT # 763212** 02-22-2006 90013 009 ****61.25 VOLUNTEER SERVICES FOR ANIMALS, INC. Principal Place of Business Mailing Address RUTH STERLING 2860 SHERMAN AVE. NAPLES FL 34117 P.O BOX 110727 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2197365 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donaldson Diane ASHBY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5140 TAMARIND RIDGE 3148 ANDORRA COURT NAPLES FL 34109 Zip Code 34119 NAPLES 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. - 30 2-10-06 SIGNATURE DIAne Omalder - Decretan (NCC pagistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable FILE NOW: FEE IS'\$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State (d. 01) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Change Addition THUE ☐ Delete TITLE STERLING, RUTH NAME NAME 2434 GOLDEN GATE BLVD W STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-7IP CITY-ST-7IP VD ☐ Change Addition TITLE ☐ Delete TITLE ESTES, PHYLLIS NAME NAME 3334 BALBOA CIRCLE W STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34105 CITY-ST-ZIP Delete ☐ Change Addition TITLE WALTERS, JODI NAME NAME STREET ADDRÉSS 3301 TAMIAMI TRAIL EAST BLDG H 3RD FL STREET ADDRESS NAPLES FL 34112 CITY-ST-7IP CITY-ST-7IP Change ■ Addition TITLE □ Delete TITLE DONALDSON, DIANE NAME NAME 5140 TAMARIND RIDGE DR STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-7/P City-St-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FIELDS, MELAHIES FIELDS, MELANIE J NAME NAME 3711 31 St AVE, S, W. 3711 31ST AVE. S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34117 CITY-ST-7/P NAPLES, FI 34117 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: Ocome Donaldon

2-10-06 239-353-6923

FILED