2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Mar 06, 2008 **DOCUMENT#763212** Secretary of State

Entity Name: VOLUNTEER SERVICES FOR ANIMALS, INC.

Name and Address of Current Registered Agent:

Current Principal Place of Business: New Principal Place of Business: RUTH STERLING 2860 SHERMAN AVE. NAPLES, FL 34117 **New Mailing Address: Current Mailing Address:** 6017 PINE RIDGE RD #330 NAPLES, FL 34119 US

FEI Number: 59-2197365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

DONALDSON, DIANE STIRLING, RUTH PD 2860 SHERMAN AVE. 5140 TAMARIND RIDGE DR

NAPLES, FL 34119 NAPLES, FL 34117

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.

SIGNATURE: RUTH STIRLING 03/06/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

() Change () Addition () Delete STERLING, RUTH Name: Name: 2434 GOLDEN GATE BLVD W Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: ESTES, PHYLLIS Name: Address: 3334 BALBOA CIRCLE W Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: () Change () Addition DONALDSON, DIANE Name: Name: Address:

5140 TAMARIND RIDGE DR Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip:

Title: SD () Delete Title: () Change () Addition Name: FIELDS, MELANIE J Name:

Address: 3711 31 ST. AVE S.W. Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH STIRLING PD 03/06/2008