


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # 763212					
1. Entity Name VOLUNTEER SERVICES FOR ANIMALS, INC.					
Principal Place of Business RUTH STERLING <i>Stirling</i> 2060 SHERMAN AVE. NAPLES, FL 34117 US			Mailing Address 6017 PINE RIDGE RD #330 NAPLES, FL 34119 US		
2. Principal Place of Business - No P.O. Box # <i>2434 Golden Gate Blvd W</i>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Naples, FL</i>			City & State		
Zip <i>34120</i>		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STIRLING, RUTH PD <i>2434 Golden Gate Blvd W</i> 2060 SHERMAN AVE. NAPLES, FL 34117 <i>Naples, FL 34120</i>				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 _____ 400128778544 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/07/08--01042--007 **\$61.25 DATE					
Amended AR is <u>\$61.25</u>			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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERLING, RUTH <i>Stirling</i> 2434 GOLDEN GATE BLVD W NAPLES, FL 34120	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATHI M MATTHESSON 29901 Hacienda E 218A BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTES, PHYLLIS 3334 BALBOA CIRCLE W NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Christine Avery 9802 Rocky Bank Dr. Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONALDSON, DIANE 5140 TAMARIND RIDGE DR NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Christina Spevak 10795 Fieldfair Dr. Naples FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDS, MELANIE J 3711 31 ST. AVE S.W. NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michele Antonia 7620 Rookery LN Naples FL 34120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD M. Ashby 3148 ANDORRA CT NAPLES FL 34109	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 4/24/08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kathi M. Mattheisson</i> , Treasurer 4/17/08 2395978165 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 PM 2:10



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