


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

08-2T-2008 90001 021 ***61.25
 763212

FILED
 08 AUG 25 PM 3:07
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **763212**
 1. Entity Name
Volunteer Services FOR ANIMALS Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mailing Address
3334 Balboa Cir W 6017 Pine Ridge Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
330

CR2E037B (8/05)

City & State City & State
Naples, FL Naples, FL
 Zip Country Zip Country
34105 USA 34119 USA

4. FEI Number Applied For
592197365 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **Ruth Stirling**
 Street Address (If Box Number is Not Acceptable)
2434 Golden Gate Blvd W
Naples
 City FL Zip Code
34120

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 **Resigned / new Agent Phyllis Estes Phyllis Estes 8-15-08**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Phyllis Estes 3334 Balboa Cir W Naples, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Christina Sprak 10795 Fieldfair dr. Naples, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/8/25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine Avey 9002 Rocky Bank dr. Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATHI MATSSON 27901 Hacienda E. 218A Bonita SD, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angela Fieger 4013 Treadwater Ct. Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michele Antonio 7620 Rookery Ln Naples, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.
 SIGNATURE: **Kathi M. Mattsson, Kathi M Mattsson** **8-15-08** **8239-597-8165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #