

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763212

FILED
Apr 21, 2009
Secretary of State

Entity Name: VOLUNTEER SERVICES FOR ANIMALS, INC.

Current Principal Place of Business:

3334 BALBOA CIR W
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE RD
#330
NAPLES, FL 34119

New Mailing Address:

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

Name and Address of Current Registered Agent:

STIRLING, RUTH PD
2434 GOLDEN GATE BLVD W
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

ESTES, PHYLLIS PD
3334 BALBOA CIR W
NAPLES, FL 34105 US

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: PHYLLIS ESTES

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESTES, PHYLLIS
Address: 33334 BALBOA CIR W
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: SPERAK, CHRISTINA
Address: 10795 FIELD FAIR DR
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: AVERY, CHRISTINE
Address: 9002 ROCKY BARK DR
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: MATTSSON, KATHI
Address: 27901 HACIENDA E. 218A
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: FEIGER, ANGELA
Address: 4013 TREADWATER CT
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ANTONIO, MICHELE
Address: 7620 ROOKERY LN
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FEIGER, ANGELA
Address: 1075 28TH AVE N
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: GUDKNECHT, KAREN
Address: 5975 TROPHY CLUB #1701
City-St-Zip: NAPLES, FL 34110

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: KATHI M MATTSSON

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date