

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 035 ****61.25

DOCUMENT # 770756

1. Entity Name

PINELLAS COUNTY ANIMAL FOUNDATION, INC.



Principal Place of Business

10825 SEMINOLE BLVD.
BLDG A- UNIT 3
SEMINOLE FL 34648
US

Mailing Address

10825 SEMINOLE BLVD.
BLDG A- UNIT 3
SEMINOLE FL 34648
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2624204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARZI, JOAN
11830 77TH ST. NORTH
LARGO FL 33773

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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 ~~P~~ **PAST PRESIDENT** ☐ Delete
NAME SERSBANO, MARK DVM
STREET ADDRESS 1401 4TH ST. N.
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ~~D~~ ☐ Delete
NAME HANCOCK, C. GUY
STREET ADDRESS 7200 66 ST. N
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ~~PP~~ ☐ Delete
NAME CRAPPER, JOHN C
STREET ADDRESS 18167 US 19 N #580
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ~~D~~ ☐ Delete
NAME MACCALLUM, AMY
STREET ADDRESS 461 45TH AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE ~~D~~ ☐ Delete
NAME MILLS, FRANK
STREET ADDRESS 7000 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE ~~D~~ ☐ Delete
NAME GODFFEY DR E.
STREET ADDRESS 8490 49TH ST. NORTH
CITY-ST-ZIP PINELLAS PARK FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~P~~ ☐ Change ☒ Addition
NAME GEORGE MALNATI, DVM
STREET ADDRESS 1969 SUNSET POINT RD. #8
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ~~T~~ ☐ Change ☒ Addition
NAME SHAWNA GREEN, DVM
STREET ADDRESS 11141 US Hwy 19 N #402
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ~~VP~~ ☐ Change ☒ Addition
NAME ROBERT FRITZ, DVM
STREET ADDRESS 1299 BAYSHORE DR
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ~~S~~ ☐ Change ☒ Addition
NAME KRISTEN BRAUER, DVM
STREET ADDRESS 4235 HELENA ST. N.E.
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Joan Marzi, Exec. Director 3-23-05 727-710-7387