


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90221 030 ****70.00

DOCUMENT # N00000000500 1. Entity Name PATRON OF SAINT FRANCIS ANIMAL RESCUE AND SUPPORT, INC.					
Principal Place of Business 9361 STAR TRAIL NEW PORT RICHEY FL 34654				Mailing Address 9361 STAR TRAIL NEW PORT RICHEY FL 34654	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2103 Suite, Apt. #, etc.			
City & State		City & State ELFERS, FL		4. FEI Number 59-3494563	
Zip 34680		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, MALEKA 9361 STAR TRAIL NEW PORT RICHEY FL 34654				7. Name and Address of New Registered Agent Name BARBARA WEISS Street Address (P.O. Box Number is Not Acceptable) 6941 NOVA SCOTIA DRIVE City PORT RICHEY FL Zip Code 34668	
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 <u><i>Barbara Weiss</i></u> BARBARA WEISS - P.D. <u><i>Barbara Weiss</i></u> 4-4-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PDS ALLEN, MALEKA 9361 STAR TRAIL NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEISS, BARBARA (P,D) PRESIDENT, DIRECTOR P.O. BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, ETHAN 9361 STAR TRAIL NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. STACY SHARAY PO BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARAY, MICHAEL 6941 NOVA SCOTIA DR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (T) MICHAEL SHARAY P.O. BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, BARBARA 6941 NOVA SCOTIA DR. PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR (D) DEBBIE RIDDLE P.O. BOX 2103 ELFERS, FL 34680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARAY, STACY 7110 LAKE MAGNOLIA DR NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, SECRETARY (D.S) ROY SHARAY PO BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARAY, ROY 6941 NOVA SCOTIA DR PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR (D) JILL O'BRIEN P.O. BOX 2103 ELFERS, FL 34680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Barbara Weiss</i></u> BARBARA WEISS - P.D. 4-4-04 (727) 697-1700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					