



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90280 002 ****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 PO BOX 2103 ELFERS, FL 34680	
2. Principal Place of Business <i>We operate through a</i> Suite, Apt. #, etc. <i>network of foster care</i>		3. Mailing Address <i>P.O. Box 2103</i> Suite, Apt. #, etc.			
City & State <i>volunteers who reside at</i> Zip <i>different</i>		City & State <i>Elfers, FL</i> Zip <i>34680</i>		4. FEI Number 59-3494563	
Country <i>locations.</i>		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS, BARBARA 6941 NOVA SCOTIA DRIVE PORT RICHEY, FL 34668				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 <u><i>Barbara Weiss, P.D. Barbara Weiss</i></u> <u>4-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 WEISS, BARBARA PO BOX 2103 ELFERS, FL 34680	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARAY, STACY PO BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARAY, MICHAEL PO BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, DEBBIE PO BOX 2103 ELFERS, FL 34680	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARAY, ROY PO BOX 2103 ELFERS, FL 34680	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, JILL PO BOX 2103 ELFERS, FL 34680	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stacy McLean P.O. Box 2103 Elfers, FL 34680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stacy McLean P.O. Box 2103 Elfers, FL 34680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 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	S Debbie Riddle P.O. Box 2103 Elfers, FL 34680	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does 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, P.D. Barbara Weiss</i></u> <u>4-15-05 (727) 667-1700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

H0065099

N00000000500

Patron of Saint Francis Animal Rescue and Support
P.O. Box 2103 Elfers, FL 34680 (727) 697-1700

To Whom It May Concern:

April 21, 2005

We are requesting the home addresses of our officers, directors and home foster care volunteers to not be made publicly available under Section 119.07(3)(i) of our Florida Statutes due to people who randomly drop off animals without an appointment thus endangering the lives of the animals that people tend to drop off in boxes or other containers that are left out in the sun or near where the trash is picked up without notification to our organization.

Thank you for your consideration and understanding in this matter as we try to ensure and maintain the safety and welfare of animals that will be in our custody.

Sincerely,
Barbara Weiss, President

BW/dr