

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90154 029 \*\*\*\*61.25

**DOCUMENT # N00000000500**

1. Entity Name

**PATRON OF SAINT FRANCIS ANIMAL RESCUE AND  
SUPPORT, INC.**



Principal Place of Business

P.O. BOX 2103  
ELFERS FL 34680

Mailing Address

P.O. BOX 2103  
ELFERS FL 34680

2. Principal Place of Business

*Same as above*

Suite, Apt. #, etc.

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3494563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-16-06*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☐ Delete  
NAME WEISS, BARBARA  
STREET ADDRESS PO BOX 2103  
CITY-ST-ZIP ELFERS FL 34680

TITLE VT ☐ Delete  
NAME MCCLEAN, STACY  
STREET ADDRESS PO BOX 2103  
CITY-ST-ZIP ELFERS FL 34680

TITLE SD ☒ Delete  
NAME RIDDLE, DEBBIE  
STREET ADDRESS PO BOX 2103  
CITY-ST-ZIP ELFERS FL 34680

TITLE D ☒ Delete  
NAME O'BRIEN, JILL  
STREET ADDRESS PO BOX 2103  
CITY-ST-ZIP ELFERS FL 34680

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME *Jesse Calhoun, Secretary*  
STREET ADDRESS *P.O. Box 2103*  
CITY-ST-ZIP *Elfers, FL 34680*

TITLE ☐ Change ☒ Addition  
NAME *Freddy Calhoun, Director*  
STREET ADDRESS *P.O. Box 2103*  
CITY-ST-ZIP *Elfers, FL 34680*

TITLE ☐ Change ☒ Addition  
NAME *Susan Baronowski, Director*  
STREET ADDRESS *P.O. Box 2103*  
CITY-ST-ZIP *Elfers, FL 34680*

TITLE ☐ Change ☒ Addition  
NAME *Edward Jonesboro, Director*  
STREET ADDRESS *P.O. Box 2103*  
CITY-ST-ZIP *Elfers, FL 34680*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Susan Baronowski, Director*

*2-29-06 (727)697-1700*