

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90039 032 ****61.25

| | | | | | |
|---|-----------------------------------|--|--|--|---|
| DOCUMENT # N00900 1. Entity Name FRIENDS OF PETS, INC. | | | | | |
| Principal Place of Business 608 PORTSIDE LANE EDGEWATER, FL 32141 | | | Mailing Address 608 PORTSIDE LANE EDGEWATER, FL 32141 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2438282 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MACDONALD, KAREN 608 PORTSIDE LANE EDGEWATER, FL 32141 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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>Karen MacDonald</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOODY, PAT | | NAME | | |
| STREET ADDRESS | 337 SCHOONER | | STREET ADDRESS | | |
| CITY-ST-ZIP | EDGEWATER, FL 32141 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | 2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROCHE, VIRGINIA H | | NAME | | |
| STREET ADDRESS | 1422 S RIVERSIDE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 | | CITY-ST-ZIP | | |
| TITLE | RSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DION, BARBARA | | NAME | | |
| STREET ADDRESS | 361 PATRICIA DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MACDONALD, KAREN | | NAME | | |
| STREET ADDRESS | 608 PORTSIDE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | EDGEWATER, FL 32141 | | CITY-ST-ZIP | | |
| TITLE | 2VP | <input type="checkbox"/> Delete | TITLE | 1st Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GERSPER, RUSTY | | NAME | | |
| STREET ADDRESS | 364 GLENEAGLES DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 | | CITY-ST-ZIP | | |
| TITLE | PC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUFF, PAT | | NAME | | |
| STREET ADDRESS | 88 CUNNINGHAM DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 | | 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: <i>Karen MacDonald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2/13/04 <small>Date</small> | | 386-423-1715 <small>Daytime Phone #</small> |

64010819



01062004 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

FL

Zip Code