2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
04-30-2004 90265 026 ****61.25

DOCUMENT # N03000003164

1. Entity Name
FOR LOVE OF CRITTERS, INCORPORATED

Principal Place of Business	Mailing Address
1893 BRENTCO RD. CANTONMENT, FL 32533	P. O. BOX 17394 PENSACOLA, FL 32522

004JUL16

02162004 Chg-NP CR2E037 (10/03)

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 32-0072165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEACOCK, LINDA L 1893 BRENTCO RD. CANTONMENT, FL 32533	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA L. PEACOCK P/D 1893 BRENTCO RD. CANTONMENT FL 32533 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR HEATHER DONOFRIO 1919 WAXWING DRIVE CANTONMENT FL 32533 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR ROBERT TAYLOR 401 LONGWOOD CIRCLE GULF BREEZE FL 32561 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR SANDRA C. SMITH 4689 BAYSIDE DRIVE MILTON FL 32583 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR THOMAS C. TOLBERT 940 SHADOW RIDGE DRIVE CANTONMENT FL 32533 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHANIE GOFF (DIRECTOR) 1108 MERRIE WAY PENSACOLA FL 32514	☑ ADDITION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUE WARD DIRECTOR 1427 STEFANI CIRCLE CANTONMENT FL 32533 ☐ Change ☑ 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: Linda L Peacock 04/25/04