

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003164

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** FOR LOVE OF CRITTERS, INCORPORATED

**Current Principal Place of Business:**

1893 BRENTCO RD.  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 17394  
PENSACOLA, FL 32522

**New Mailing Address:**

1893 BRENTCO RD.  
PENSACOLA, FL 32522

**FEI Number:** 32-0072165      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PEACOCK, LINDA L  
1893 BRENTCO RD.  
CANTONMENT, FL 32533      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: PEACOCK, LINDA L  
Address: 1890 BRENTCO ROAD  
City-St-Zip: SEFFNER, FL 33583

Title: VPD      ( ) Delete  
Name: DONOFRID, HEATHER  
Address: 1919 WAXWING DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: VPD      ( ) Delete  
Name: TAYLOR, ROBERT  
Address: 401 LONGWOOD CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

Title: SD      ( ) Delete  
Name: SMITH, SANDRA C  
Address: 4689 BAYSIDE DRIVE  
City-St-Zip: MILTON, FL 32583

Title: TD      (X) Delete  
Name: TOLBERT, THOMAS C  
Address: 940 SHADOW RIDGE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: D      (X) Delete  
Name: WARD, SUE  
Address: 1427 STEFANI CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD      (X) Change ( ) Addition  
Name: TOLBERT, THOMAS C  
Address: 940 SHADOW RIDGE DR.  
City-St-Zip: CANTONMENT, FL 32533

Title: SD      (X) Change ( ) Addition  
Name: MARTIN, KAREN G  
Address: 1727 EAGLE ST.  
City-St-Zip: CANTONMENT, FL 32533

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. PEACOCK

RA

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date