2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001797

1. Entity Name
FRIENDS OF WILLISTON ANIMAL SHELTER, INC.

Principal Place of Business	Mailing Address
15000 W HWY 318 WILLISTON, FL 32696	15000 W HWY 318 WILLISTON, FL 32696

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04032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0802870
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKHURST, WILLIAM D
15000 W HWY 318
WILLISTON, FL 32696

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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: William D Parkhurst Apr 3 06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKHURST, WILLIAM D
STREET ADDRESS	15000 W HWY 318
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	PARKHURST, CLAUDIA H
STREET ADDRESS	15000 W HWY 318
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	DAVIS, JOANN M
STREET ADDRESS	14980 W HWY 318
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	ROWELL, EDWARD P
STREET ADDRESS	51 NE 165TH TERRACE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80049-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: William D Parkhurst Apr 3 06 (352) 528-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #