

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011337

FILED
May 24, 2006
Secretary of State

Entity Name: FLORIDA ANIMAL FRIEND, INC.

Current Principal Place of Business:

4220 SW 67TH TERR
DAVIE, FL 33314

New Principal Place of Business:

13153 N. DALE MABRY HIGHWAY
SUITE 105
TAMPA, FL 33618

Current Mailing Address:

4220 SW 67TH TERR
DAVIE, FL 33314

New Mailing Address:

13153 N. DALE MABRY HIGHWAY
SUITE 105
TAMPA, FL 33618

FEI Number: 05-0613880 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:

BEVAN, LAURA
1624 METROPLITAN CIR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

KOSTROSKI, LOIS
13153 N. DALE MABRY HIGHWAY
SUITE 105
TAMPA, FL 33618 US

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: LOIS M. KOSTROSKI

05/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, ALAN C
Address: 1870 SW 39TH ST
City-St-Zip: FT LAUDEERDALE, FL 33315

Title: D () Delete
Name: DEE, LARRY
Address: 2864 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete
Name: BEVAN, LAURA
Address: 1624 METROPOLITAN CIRCLE STE B
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KOSTROSKI, LOIS M
Address: 13153 N. DALE MABRY HIGHWAY, SUITE 105
City-St-Zip: TAMPA, FL 33618

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 Chapter 119, 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: LOIS M. KOSTROSKI

D

05/24/2006

Electronic Signature of Signing Officer or Director

Date