

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009184

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: FRIENDS OF ANIMAL SERVICES, INC.

## Current Principal Place of Business:

9020 RANCHO DEL RIO DRIVE  
SUITE 101  
NEW PORT RICHEY, FL 34665 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 215  
ELFERS, FL 34680 US

## New Mailing Address:

FEI Number: 26-1076656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARLOWE, RUSSELL G  
9020 RANCHO DEL RIO DRIVE  
SUITE 101  
NEW PORT RICHEY, FL 34655 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: P ( ) Delete  
Name: MCREYNOLDS, SHARON  
Address: 5404 MAIN STREET  
City-St-Zip: NEW, FL 34652 US

Title: VP ( ) Delete  
Name: MIKKELSEN, VONNIE  
Address: 24425 PAINTERS DRIVE  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: S ( ) Delete  
Name: HOLLINGSHEAD, MEGAN  
Address: 5109 SOUTHSORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D ( ) Delete  
Name: CAMPOS, CARLOS  
Address: 12030 MOONLAKE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D ( ) Delete  
Name: SCHOOLEY, MAUREEN  
Address: 4127 ANDOVER STREET  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D ( ) Delete  
Name: COX, ABBEY  
Address: 10831 PANICUM COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COX, ABBEY  
Address: 10831 PANICUM CT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP (X) Change ( ) Addition  
Name: YZAGUIRRE, KELLY  
Address: 19814 BELLEHURST LOOP  
City-St-Zip: LAND O LAKES, FL 34638 US

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

Title: D (X) Change ( ) Addition  
Name: RILEY, COURTNEY DR.  
Address: 12239 SHADOW RIDGE BLVD  
City-St-Zip: HUDSON, FL 34669 US

Title: D (X) Change ( ) Addition  
Name: WESTON-BOGART, PATRICIA M DR.  
Address: 5732 ROWAN RD.  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D (X) Change ( ) Addition  
Name: SCHOOLEY, MAUREEN  
Address: 4127 ANDOVER ST  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby certify that the information supplied with this filing does not qualify 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: DARLENE GREENE

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02/21/2009

Electronic Signature of Signing Officer or Director

Date