


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90121 001 \*\*\*\*61.25

<b>DOCUMENT # N19574</b> 1. Entity Name <b>PROTECTION OF ANIMAL WELFARE SOCIETY, INC.</b>					
Principal Place of Business <b>799 RABBIT RD 922</b> <b>SANIBEL FL 33957</b> <b>US</b>			Mailing Address <b>P O BOX 672</b> <b>SANIBEL FL 33957</b> <b>US</b>		
2. Principal Place of Business <b>922 Main Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>922 Main Street</b> Suite, Apt. #, etc.			
City & State <b>Sanibel, FL</b> Zip <b>33957</b>		City & State <b>Sanibel, FL</b> Zip <b>33957</b>		4. FEI Number <b>65-0037174</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BELL, SUSAN</b> <b>3919 MAXINE ST.</b> <b>FT MYERS FL 33901</b>			7. Name and Address of New Registered Agent Name <b>Kathryn Boone</b> Street Address (P.O. Box Number is Not Acceptable) <b>922 Main Street</b> City <b>Sanibel</b> <b>FL</b> Zip Code <b>33957</b>		
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 <b>Kathryn Boone</b> <b>KATHRYN E. BOONE PRES.</b> <b>4/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLATER, PATRICIA, A 799 RABBIT RD SANIBEL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Kathryn Boone 922 Main Street Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POOL, VALERIA L. 446 LAGOON DR SANIBEL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT AMANDA GREENSTEIN 290 Southwinds Drive Sanibel, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST POOL, VARERIE 446 LAGOON DRIVE SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECY/TREASURER JANET EGELAND 1222 FERRY ROAD SANIBEL, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELL, SUSAN D 3919 MAXINE ST FT MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Kathryn Boone</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/27/04</b> <b>239-472-6301</b> <small>Date Daytime Phone #</small>		