

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:34

DOCUMENT # **N30377** (8)

1. Corporation Name

FLORIDA VOICES FOR ANIMALS, INC.

Principal Place of Business

Mailing Address

RICHARD M. GEORGES, ESQ.
3656 FIRST AVENUE N.
ST. PETERSBURG FL 33713

RICHARD M. GEORGES, ESQ.
3656 FIRST AVENUE N.
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/27/1989** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2959199** Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRC 501(c)(3) Tax Exempt Status **01/25** **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO. BOX 17523**

22 City & State

27 City & State **TAMPA, FL**

23 Zip

Country

28 Zip

Country

24 **33682**

U.S.A.

29 **33682**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGES, RICHARD M.
3656 FIRST AVENUE N.
ST. PETERSBURG FL 33713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and file if applicable

(If Not Registered Agent Signature Required When Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**
NAME **PARHAM, MYRIAM**
STREET ADDRESS **2003 GREGORY DRIVE**
CITY ST ZIP **TAMPA FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **DV**
NAME **FLANAGAN, ELENA**
STREET ADDRESS **1831 GREGORY DRIVE**
CITY ST ZIP **TAMPA FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **DP**
NAME **LEWALLEN, JIM**
STREET ADDRESS **4823 OKARA RD.**
CITY ST ZIP **TAMPA FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE **DT**
NAME **VERA, ELVIA**
STREET ADDRESS **13330 MORAN DR**
CITY ST ZIP **TAMPA FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE **D**
NAME **WEAVER, MARILYN**
STREET ADDRESS **1540 GULF BLVD.**
CITY ST ZIP **CLEARWATER FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE **DS**
NAME **MERZ-PEREZ, LINDA**
STREET ADDRESS **2818 ALBION ST**
CITY ST ZIP **HOLIDAY FL**

61 TITLE Change Addition
62 NAME **SECRETARY**
63 STREET ADDRESS **TREVOR M. CHIN**
64 CITY ST ZIP **9808 SIR FREDERICK ST.**
TAMPA, FL 33637

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed not qualify for the exemption stated in Section 110.19(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elvia J. Vera* 2-19-95 813-273-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #