

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

P O BOX 17523
~~**3656 FIRST AVENUE N.**~~
TAMPA FL 33682
US

3. Date Incorporated or Qualified **01/27/1989** 3a. Date of Last Report **02/23/1995**

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**

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 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	PARHAM, MYRIAM	
STREET ADDRESS	2003 GREGORY DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FLANAGAN, ELENA	
STREET ADDRESS	1931 GREGORY DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEWALLEN, JIM	
STREET ADDRESS	4823 OKARA RD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	VERA, ELVIA	
STREET ADDRESS	13330 MORAN DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, MARILYN	
STREET ADDRESS	1540 GULF BLVD.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHIN, TREVOR M	
STREET ADDRESS	9808 SIR FREDERICK ST	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Parham, Myriam	(address)
1.3 STREET ADDRESS	21812 Mims Way	
1.4 CITY - ST - ZIP	Lutz, FL 33549	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Flanagan, Elena	(address)
2.3 STREET ADDRESS	21818 Mims Way	
2.4 CITY - ST - ZIP	Lutz, FL 33549	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lewallen, Jim	(address)
3.3 STREET ADDRESS	17202 Lakeshore Road	
3.4 CITY - ST - ZIP	Lutz, FL 33549	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wright, Ronnie	
4.3 STREET ADDRESS	12800 Vonn Road	
4.4 CITY - ST - ZIP	Apt. 7024 Largo, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Weaver, Marilyn	(address)
5.3 STREET ADDRESS	1560 Gulf Blvd	
5.4 CITY - ST - ZIP	Unit 1601 Clearwater, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James E. Lewallen* **James E. Lewallen** 4-29-96 813-273-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Intr Phone #

CR2E037 (12/95)