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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30377 (8)

1. Corporation Name
FLORIDA VOICES FOR ANIMALS, INC.

NEW



Principal Place of Business RICHARD M. GEORGES, ESQ. 3656 FIRST AVENUE N. ST. PETERSBURG FL 33713	Mailing Address P O BOX 12583-992 3656 FIRST AVENUE N. TAMPA FL 33682-7528 LARGO, FL 33779 US
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3. Date Incorporated or Qualified 01/27/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2959199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Country
24. Country	25. Zip
29. Country	30. Zip

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DV	<input type="checkbox"/> DELETE
NAME PARHAM, MYRIAM	
STREET ADDRESS 21812 MIMIS WAY	
CITY-ST-ZIP LUTZ FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME FLANAGAN, ELENA	
STREET ADDRESS 21818 MIMS WAY	
CITY-ST-ZIP LUTZ FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME LEWALLEN, JIM	
STREET ADDRESS 17202 LAKESHORE ROAD	
CITY-ST-ZIP LUTZ 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 1560 GULF BLVD UNIT 1601	
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 OFFICE MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RONNIE WRIGHT	
1.3 STREET ADDRESS 12800 VONN RD. # 7054	
1.4 CITY-ST-ZIP LARGO, FL 33774	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

SIGNATURE _____ DATE _____