2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30377

FILED May 01, 2004 Secretary of State

Entity Name: FLORIDA VOICES FOR ANIMALS, INC.

Current Principal Place of Business: New Principal Place of Business:

13540 N FLORIDA AVE 3656 FIRST AVE N

102 ST. PETERSBURG, FL 33713

TAMPA, FL 33613

Current Mailing Address: New Mailing Address:

PO BOX 17523

TAMPA, FL 33682 US

FEI Number: 59-2959199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Flackway is Competing of Devictors of Appet

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

Name:CHIN, TREVOR MName:BORRES, PAMELA LAddress:9808 SIR FREDERICK STAddress:7850-43RD ST

City-St-Zip: TAMPA, FL 33637 City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete Title: () Change () Addition

 Name:
 PARHAM, MYRIAM
 Name:

 Address:
 21812 MIMS WAY
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:FLANAGAN, ELENAName:INGLESBY, SHELAGHAddress:21818 MIMS WAYAddress:3625-8TH AVE N

City-St-Zip: LUTZ, FL 33549 City-St-Zip: ST. PETERSBURG, FL 33713

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: ROGHAIR, SUSAN Name: GISONDI, JIM

Address: 717 W ALFRED ST Address: 3625-8TH AVE N

City-St-Zip: TAMPA, FL 33603 City-St-Zip: ST. PETERSBURG, FL 33713

Title: DS () Delete Title: () Change () Addition

 Name:
 HOUSE, SUZANNE
 Name:

 Address:
 8802 S LAGOON ST
 Address:

 City-St-Zip:
 TAMPA, FL 336154310
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 BORRES, PAMELA
 Name:

 Address:
 7850 43RD ST. N
 Address:

 City-St-Zip:
 PINELLAS PARK, FL 33781
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA BORRES PRES 05/01/2004