

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90388 008 ****70.00

DOCUMENT # N30377
 1. Entity Name
FLORIDA VOICES FOR ANIMALS, INC.



Principal Place of Business: **3656 FIRST AVE N ST. PETERSBURG FL 33713**
 Mailing Address: **PO BOX 17523 TAMPA FL 33682 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____


 1st MOORE CR2E037 (10/04)
 4. FEI Number: **59-2959199**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GEORGES, RICHARD M.
 3656 FIRST AVENUE N.
 ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BORRES, PAMELA L	
STREET ADDRESS	7850-43RD ST	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARHAM, MYRIAM	
STREET ADDRESS	21812 MIMS WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGLESBY, SHELAGH	
STREET ADDRESS	3625-8TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GISONDI, JIM	
STREET ADDRESS	3625-8TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOUSE, SUZANNE	
STREET ADDRESS	8802 S LAGOON ST	
CITY-ST-ZIP	TAMPA FL 33615-4310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smithson, Lana	
STREET ADDRESS	160107 Chancery Place	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Galbraith, Marie	
STREET ADDRESS	2909 W Braddock St.	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Myriam Parham* **MYRIAM PARHAM** Date: **4/12/05** Daytime Phone #: **813-949-5185**