

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90196 028 ****61.25

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**

4000000000



04172006 Chg-NP CR2E037 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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** ☒ Delete
NAME **BORRES, PAMELA L**
STREET ADDRESS **7850-43RD ST**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☐ Delete
NAME **PARHAM, MYRIAM**
STREET ADDRESS **21812 MIMS WAY**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete
NAME **SMITHSON, LANA**
STREET ADDRESS **160107 CHANCERY PLACE**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **DT** ☐ Delete
NAME **GALBRAITH, MARIE**
STREET ADDRESS **2909 W. BRADDOCK STREET**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **DS** ☐ Delete
NAME **HOUSE, SUZANNE**
STREET ADDRESS **8802 S LAGOON ST**
CITY-ST-ZIP **TAMPA, FL 336154310**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 813-932-1301

Date

Daytime Phone #