2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90038 038 ****61.25

DOCUMENT # N30377

1. Entity Name

FLORIDA VOICES FOR ANIMALS, INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
GEORGES, RICHARD M. 3656 FIRST AVENUE N. ST. PETERSBURG FL 33713	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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARHAM, MYRIAM 21812 MIMS WAY LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KARIN KREUTZER 7038 MAYHILL CT SPRING HILL, FL 34606 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITHSON, LANA 160107 CHANCERY PLACE TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JODI CHEMES 6109 GEORGIA AVE NEW PORT RICHEY, FL 34653 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GALBRAITH, MARIE 2909 W. BRADDOCK STREET TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JOHN MOYER 603 S MELVILLE AVE #19 TAMPA FL 33606 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOUSE, SUZANNE 8802 S LAGOON ST TAMPA FL 33615-4310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marie Galbraith DT MARIE GALBRAITH 4-4-07 813-504-8541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #