

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

3656 FIRST AVE N
ST. PETERSBURG FL 33713

Mailing Address

PO BOX 17523
TAMPA FL 33682
US



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

1st MOORE

CR2E037 (10/06)

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 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

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 33615-4310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME KARIN KREUTZER
STREET ADDRESS 7038 MAYHILL CT
CITY ST / ZIP SPRING HILL, FL 34606

TITLE D ☐ Change ☒ Addition
NAME JODI CHERES
STREET ADDRESS 6109 GEDAGIA AVE
CITY ST / ZIP NEW PORT RICHEY, FL 34653

TITLE G ☐ Change ☒ Addition
NAME JOHN MOYER
STREET ADDRESS 603 S MELVILLE AVE #19
CITY ST / ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

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 #