


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90052 023 ****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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



04032008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
 59-2959199

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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] DATE: _____

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

Filing Fee is \$61.25 Due by May 1, 2008.

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	<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	SMITHSON, LANA	
STREET ADDRESS	160107 CHANCERY PLACE	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GALBRAITH, MARIE	
STREET ADDRESS	2909 W. BRADDOCK STREET	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOUSE, SUZANNE	
STREET ADDRESS	8802 S LAGOON ST	
CITY-ST-ZIP	TAMPA, FL 336154310	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KREUTZER, KARIN	
STREET ADDRESS	7038 MAYHILL CT	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEMES, JODI	
STREET ADDRESS	6109 GEDAGIA AVE	
CITY-ST-ZIP	NEWPORT RICHEY, FL 34653	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARHAM, MYRIAM	
STREET ADDRESS	9932 CARIBOU TRAIL	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KDONE, DIANE	
STREET ADDRESS	9011 EXPOSITION DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYER, JOHN	
STREET ADDRESS	603 S MELVILLE AVE UNIT 19	
CITY-ST-ZIP	TAMPA, FL	
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 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] Date: 4-2-08 Daytime Phone #: 813-504-8541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR