

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30377

FILED
Mar 10, 2009
Secretary of State

Entity Name: FLORIDA VOICES FOR ANIMALS, INC.

Current Principal Place of Business:

3656 FIRST AVE N
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 17523
TAMPA, FL 33682 US

New Mailing Address:

FEI Number: 59-2959199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PARHAM, MYRIAM
Address: 9932 CARIBOU TRAIL
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: KOONE, DIANE
Address: 9011 EXPOSITION DRIVE
City-St-Zip: TAMPA, FL 33626

Title: DT () Delete
Name: GALBRAITH, MARIE
Address: 2909 W. BRADDOCK STREET
City-St-Zip: TAMPA, FL 33607

Title: DS () Delete
Name: HOUSE, SUZANNE
Address: 8802 S LAGOON ST
City-St-Zip: TAMPA, FL 336154310

Title: D () Delete
Name: MOYER, JOHN
Address: 603 S MELVILLE AVE UNIT 19
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: CEMES, JODI
Address: 6109 GEDAGIA AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: GALBRAITH, MARIE
Address: 11825 HICKORYNUT DRIVE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MOYER, JOHN
Address: 603 S MELVILLE AVE UNIT 19
City-St-Zip: TAMPA, FL 33616

Title: D (X) Change () Addition
Name: CEMES, JODI
Address: 6109 GEORGIA AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE GALBRAITH

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03/10/2009

Electronic Signature of Signing Officer or Director

Date