

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30377

FILED  
Jan 22, 2012  
Secretary of State

**Entity Name:** FLORIDA VOICES FOR ANIMALS, INC.

**Current Principal Place of Business:**

3656 FIRST AVE N  
ST. PETERSBURG, FL 33713 US

**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  
Name: PARHAM, MYRIAM  
Address: 9932 CARIBOU TRAIL  
City-St-Zip: DADE CITY, FL 33525 US

Title: DVP  
Name: KOONE, DIANE  
Address: 9011 EXPOSITION DRIVE  
City-St-Zip: TAMPA, FL 33626 US

Title: DT  
Name: GALBRAITH, MARIE  
Address: 11825 HICKORYNUT DRIVE  
City-St-Zip: TAMPA, FL 33625 US

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

Title: D  
Name: SHERMAN, SUSANNAH  
Address: 308 HICKORY LANE  
City-St-Zip: SEFFNER, FL 33584 US

Title: D  
Name: TASSI, ISABELLE  
Address: 801 W PARK AVENUE  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: MARIE GALBRAITH

TRES

01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date