

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30635

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** FLORIDA ANIMAL CONTROL ASSOCIATION INC.

**Current Principal Place of Business:**

13153 N. DALE MABRY HWY  
SUITE 105  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

13153 N. DALE MABRY HWY  
SUITE 105  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-2929688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSTROSKI, LOIS  
13153 N. DALE MABRY HWY  
SUITE 105  
TAMPA, FL 33618 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: D ( ) Delete  
Name: ENGELSON, CRAIG  
Address: 1515 SARNO RD.  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: WITTMER, MIKE  
Address: 232 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: AGNEW, WELCH  
Address: 12450 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33774

Title: P ( ) Delete  
Name: TREBATOSKI, SCOTT  
Address: 5600 BANNER DRIVE  
City-St-Zip: FT. MYERS, FL 33912

Title: D (X) Delete  
Name: KOSTROSKI, LOIS  
Address: 13153 N. DALE MABRY HWY STE 105  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ENGELSON, CRAIG  
Address: 1515 SARNO RD.  
City-St-Zip: MELBOURNE, FL 32935

Title: P (X) Change ( ) Addition  
Name: AGNEW, WELCH  
Address: 12450 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33774

Title: T (X) Change ( ) Addition  
Name: LANCON, JILL  
Address: 5701 SE 66TH ST  
City-St-Zip: OCALA, FL 34480

Title: ED (X) Change ( ) Addition  
Name: KOSTROSKI, LOIS  
Address: 13153 N DALE MABRY HWY/STE 105  
City-St-Zip: TAMPA, FL 33618

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

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: LOIS KOSTROSKI

ED

04/17/2008

Electronic Signature of Signing Officer or Director

Date