

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30635

**FILED**  
**Apr 07, 2010**  
**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: ED  
Name: KOSTROSKI, LOIS  
Address: 13153 N. DALE MABRY HWY/STE 105  
City-St-Zip: TAMPA, FL 33618 US

Title: P  
Name: STUDIVANT, PAUL  
Address: 130 N. STRATTON ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VP  
Name: LANCON, JILL  
Address: 5701 SE 66TH ST  
City-St-Zip: OCALA, FL 34480

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: LOIS KOSTROSKI

ED

04/07/2010

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

\_\_\_\_\_  
Date