FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # N32211 (7)

1. Corporation Name
VOICES FOR ANIMALS OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
P O BOX 26 (32790) WINTER PARK FL 32790	P O BOX 26 (32790) WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2947665 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHER, KIRSTEN
1429 ASHER LANE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: CONNIE GRAHAM
82 Street Address (P.O. Box Number is Not Acceptable)
83: 917 LOCUST AV
84 City: ORLANDO FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Connie Graham 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BM	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	KORNMAN, ALAN	1.2 NAME	CONNIE GRAHAM	
STREET ADDRESS	2933 STARWOOD DR	1.3 STREET ADDRESS	917 LOCUST AV	P D
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	P	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	FISHER, KIRSTEN	2.2 NAME	KIRSTEN FISHER	
STREET ADDRESS	1429 ASHER LANE	2.3 STREET ADDRESS	1429 ASHER LN	VP D
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	BM	3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	RUMBOUGH, LARRY	3.2 NAME	LINDA RADUN	
STREET ADDRESS	2808 GRAY FOX LANE	3.3 STREET ADDRESS	1509 HEIGHTS LN	ST D
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	OSHEL, BARBARA	4.2 NAME		
STREET ADDRESS	1047 LONDY COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	MD	5.1 TITLE		☐ Change ☐ Addition
NAME	PAYTON, RENEE	5.2 NAME		
STREET ADDRESS	122 WISTERIA AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	BM	6.1 TITLE		☐ Change ☐ Addition
NAME	GELLER, WENDY	6.2 NAME		
STREET ADDRESS	2933 STARWOOD DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Connie Graham CONNIE GRAHAM 4/26/95 (407) 539-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0037884