

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N32211 (7)**  
1. Corporation Name  
**VOICES FOR ANIMALS OF CENTRAL FLORIDA INC.**



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

Mailing Address  
**P O BOX 26 (32790)  
WINTER PARK FL 32790**

3. Date Incorporated or Qualified  
**05/10/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **917 LOCUST AVE**  
Suite, Apt. #, etc.  
22  
City & State  
23 **ORLANDO FL**  
Zip Country  
24 **32809** 25 **ORANGE**  
2a. Mailing Address  
26 **917 LOCUST AVE**  
Suite, Apt. #, etc.  
27  
City & State  
28 **ORLANDO FL**  
Zip Country  
29 **32809** 30 **ORANGE**

4. FEI Number  
**59-2947665**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**GRAHAM, CONNIE  
917 LOCUST AVE  
ORLANDO FL 32809**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRAHAM, CONNIE</b>	
STREET ADDRESS	<b>917 LOCUST AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FISHER, KIRSTEN</b>	
STREET ADDRESS	<b>1429 ASHER LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RADUN, LINDA</b>	
STREET ADDRESS	<b>1509 HEIGHTS LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P/D</b>	<b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MIRIAM BARNES</b>	
1.3 STREET ADDRESS	<b>65 OAKDALE ST.</b>	
1.4 CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
2.1 TITLE <b>V/D</b>	<b>VICE PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIANE E. JONES</b>	
2.3 STREET ADDRESS	<b>1123 W. HARVARD ST.</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>	
3.1 TITLE <b>ST/D</b>	<b>SECRETARY/TREASURER - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CONNIE GRAHAM</b>	
3.3 STREET ADDRESS	<b>917 LOCUST AVE</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

*Connie Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96 457-851-0789**  
Date Daytime Phone #

CR2E037 (12/95)