

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

**DOCUMENT # N32211 (7)**

1. Corporation Name

**VOICES FOR ANIMALS OF CENTRAL FLORIDA INC.**



Principal Place of Business

Mailing Address

**917 LOCUST AVE  
ORLANDO FL 32809  
US**

**917 LOCUST AVE  
ORLANDO FL 32809-5141  
US**

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

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 **631 Gamewell Avenue**

26 **P.O. Box 940344**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City, State  
**Maitland, FL**

27 City, State  
**Maitland, FL**

23 Zip Country  
**32751 Orange**

28 Zip Country  
**32751 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

10. Name and Address of New Registered Agent

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

81 Name **Anne P. Sims**

82 Street Address (P.O. Box Number is Not Acceptable)  
**631 Gamewell Avenue**

83

84 City **Maitland** **FL** 85 Zip Code **32751**

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

*Anne P. Sims*

**4/15/97**

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 **PD** ☐ DELETE  
NAME **MIRIAM BARNES**  
STREET ADDRESS **65 OAKDALE ST**  
CITY-ST-ZIP **WINDERMERE FL**

TITLE **VPD** ☐ DELETE  
NAME **DIANE E JONES**  
STREET ADDRESS **1123 W HARVARD ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☒ DELETE  
NAME **CONNIE GRAHAM**  
STREET ADDRESS **917 LOCUST AVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP



**Ms. Anne P. Sims  
631 Gamewell Ave  
Maitland FL 32751-4401**

**The Humane Society of the United States**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

*Anne P. Sims*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/97 (407) 539-2611**  
Date Daytime Phone # 0016994

CR2E037 (9/96)