

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90079 048 ****61.25

DOCUMENT # N32211

1. Corporation Name

VOICES FOR ANIMALS OF CENTRAL FLORIDA INC.

Principal Place of Business

631 GAMEWELL AVE
MAITLAND FL 32751
US

Mailing Address

P O BOX 940344
MAITLAND FL 32751
US



2. Principal Place of Business

21 702 HEATHER LN

Suite, Apt. #, etc.

22 WINTER SPRINGS, FL

23 City & State

24 Zip 32704 25 Country US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/10/1989

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

9. Name and Address of Current Registered Agent

BARNES, MIRIAM
65 OAKDALE STREET
WINDERMERE FL 34786

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 MIRIAM BARNES

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MIRIAM BARNES
STREET ADDRESS 65 OAKDALE ST
CITY-ST-ZIP WINDERMERE FL 34786

TITLE VPD ☐ DELETE

NAME WILSON, BRYAN
STREET ADDRESS 233 TANGELO AVE
CITY-ST-ZIP FERN PARK FL 32730

TITLE ST ☒ DELETE

NAME SIMS, ANNE P
STREET ADDRESS 631 GAMEWELL AVE
CITY-ST-ZIP MAITLAND FL 32751

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (407) 774-7800

Date

Daytime Phone #

0016062

CR2E037 (11/98)