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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000926 (6)

1. Corporation Name

CHARLOTTE COUNTY VOICE FOR ANIMALS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3474 HARBOR BLVD. PORT CHARLOTTE FL 33952	3474 HARBOR BLVD. PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0370844 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Po Box 7337	26 P.O. Box 7337
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Port, FL	City & State 28 NORTH PORT, FL
Zip 24 34287-0337 Country 25	Zip 29 34287-0337 Country 30 Sarasota

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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VERMEULEN, JOHN 3474 HARBOR BLVD. PORT CHARLOTTE FL 33952	81 Name: ROOSEVELT S. ISAAC 82 Street Address (P.O. Box Number is Not Acceptable): 347 S. ORANGE Ave 83 84 City: ARCADIA FL 85 Zip Code: 33821

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: Roosevelt S. Isaac — 5-1-95
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	PD	11 TITLE	President (PD)	☒ Change ☐ Addition
NAME	VERMEULEN, JOHN	12 NAME	MARK J. GALLAGHER	
STREET ADDRESS	3474 HARBOR BLVD.	13 STREET ADDRESS	5148 Polango Drive	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	14 CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	GALLAGHER, MARK	22 NAME	KATHY SITOPA	
STREET ADDRESS	5148 PALANGO DR	23 STREET ADDRESS	2491 Baltic Avenue	
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	Pt. Charlotte, FL	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	CONN, SUE	32 NAME	MARY GALLAGHER	
STREET ADDRESS	2195 PETERSBOROGH	33 STREET ADDRESS	5148 POLANGOS	
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	PUNTA GORDA, FL	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	GALLAGHER, MARY	42 NAME	SUE CONN	
STREET ADDRESS	5148 PALANGO DRIVE	43 STREET ADDRESS	2195 Petersborough	
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	PORT CHARLOTTE, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Mark J. Gallagher MARK J. GALLAGHER 1/30/95 (813)639-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061240