


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000933 1. Entity Name WORLD ANIMAL CARE FOUNDATION, INC.	
--	---

Principal Place of Business 17200 S.E. 58TH AVENUE SUMMERFIELD, FL 34491	Mailing Address 17200 S.E. 58TH AVENUE SUMMERFIELD, FL 34491
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LANE, ROBERTA W 17200 S.E. 58TH AVENUE SUMMERFIELD, FL 34491	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000111502 04/13/04 00021-002 01.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANE, PATRICIA 1620 E. ADAMO DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANE, ROBERTA W 17200 S.E. 58TH AVENUE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, LEO 2813 SE POCATELLO RD. PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOD SCHMALTZ, LARRY 1491 B RIVER HILLS DR TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, THOMAS J 17200 S.E. 58TH AVE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Roberta W. Lane* **4-12-04** **245-2615**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #