


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000933</b>	
<b>1. Entity Name</b> WORLD ANIMAL CARE FOUNDATION, INC.	

<b>Principal Place of Business</b> 17200 S.E. 58TH AVENUE SUMMERFIELD FL 34491	<b>Mailing Address</b> 17200 S.E. 58TH AVENUE SUMMERFIELD FL 34491
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-3173464	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>  LANE, ROBERTA W 17200 S.E. 58TH AVENUE SUMMERFIELD FL 34491	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005.</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> LANE, PATRICIA		<b>NAME</b>	
<b>STREET ADDRESS</b> 1620 E. ADAMO DRIVE		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> TAMPA FL		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> TD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> LANE, ROBERTA W		<b>NAME</b>	
<b>STREET ADDRESS</b> 17200 S.E. 58TH AVENUE		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> SUMMERFIELD FL 34491		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> LIEBERMAN, LEO		<b>NAME</b>	
<b>STREET ADDRESS</b> 2813 SE POCATELLO RD.		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> PT. ST. LUCIE FL		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> VOD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> SCHMALTZ, LARRY		<b>NAME</b>	
<b>STREET ADDRESS</b> 1491 B RIVER HILLS DR		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> TEMPLE TERRACE FL 33617		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b> LANE, THOMAS J		<b>NAME</b>	
<b>STREET ADDRESS</b> 17200 S.E. 58TH AVE		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> SUMMERFIELD FL 34491		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Roberta W. Lane  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 352-245-2615  
Date Daytime Phone