ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90370 003 ****61.25

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1. Entity Name

WORLD ANIMAL CARE FOUNDATION, INC.

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

000042002

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3173464 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANE, ROBERTA W ~~17200 S.E. 58TH AVENUE~~ 4201 SE Hwy 42 SUMMERFIELD FL 34491	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 acc 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

FILE NOW: FEE IS $61.25
Due By May 1, ~~2005~~ 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANE, PATRICIA ~~1620 E. ADAMO DRIVE~~ TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 4201 SE Hwy 42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANE, ROBERTA W ~~17200 S.E. 58TH AVENUE~~ SUMMERFIELD FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 4201 SE Hwy 42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, LEO 2813 SE POCATELLO RD. PT. ST. LUCIE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOD SCHMALTZ, LARRY ~~1401 B RIVER HILLS DR~~ TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 4201 SE Hwy 42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, THOMAS J ~~17200 S.E. 58TH AVE~~ SUMMERFIELD FL 34491	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 4201 SE Hwy 42
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 informatio 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta A Lane 3-29-06 352-245-2615