

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

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90041 032 ****61.25

DOCUMENT # N94000005254

1. Entity Name
SAVE OUR STRAYS, INC.



Principal Place of Business
**861-15TH AVENUE NORTH
ST. PETERSBURG, FL 33704**

Mailing Address
**861-15TH AVENUE NORTH
ST. PETERSBURG, FL 33704**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3274561

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIEFNER, JOHN R.
146 SECOND STREET NORTH
STE 300
ST. PETERSBURG, FL 33701**

**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

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

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KIEFNER, B.C.
227-126TH AVENUE EAST
TREASURE ISLAND, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
DORTON, SANDRA L.
14171 PAGE AVE
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
AMICK, DAVID M.
861 N 15TH AVE
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04 727-894-8000

Date

Daytime Phone #