

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005807 (2)

1. Corporation Name

VOLUNTEERS FOR ANIMAL CARE, INC.

Principal Place of Business

13209 WAGNER DR.
HUDSON FL 34667

Mailing Address

P O BOX 5332
HUDSON FL 34674
US



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3294554

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MONTESANO, VIRGINIA
13115 WOODWARD DR.
HUDSON FL 34667-6910

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LA SPINA, JOANNE	
STREET ADDRESS	6051 CALIBER COURT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTESANO, LINDA M	
STREET ADDRESS	13209 WAGNER DR	
CITY - ST - ZIP	HUDSON FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MONTESANO, VIRGINIA	
STREET ADDRESS	1315 WOODWARD DR.	
CITY - ST - ZIP	HUDSON FL 34667	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BALLARD, BONNIE	
STREET ADDRESS	5111 IDLEWOOD AVE	
CITY - ST - ZIP	N.P.R. FL 34653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 1E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 ME	
13 SET ADDRESS	
14 G - ST - ZIP	
21 1E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 ME	
23 SET ADDRESS	
24 Y - ST - ZIP	
31 E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 E	
33 SET ADDRESS	SD Gloria BRUNS
34 Y - ST - ZIP	3907 Marine Pkwy New Port Richey, FL. 34652
41 E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 E	
43 SET ADDRESS	VD JEAN MCKEON
44 Y - ST - ZIP	13308 WALKER DRIVE HUDSON, FL 34667-6910
51	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	
53 SET ADDRESS	
54 Y - ST - ZIP	
61	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	
63 SET ADDRESS	
64 Y - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA M. MONTESANO

4/18/96

Date

(813) 863-2110

Daytime Phone #

CR2E037 (12/95)