

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005807 (2)

1. Corporation Name

VOLUNTEERS FOR ANIMAL CARE, INC.



Principal Place of Business

Mailing Address

~~13209 WAGNER DR.
HUDSON FL 34667~~Payco County Court
Building
Gulen Wilson Blvd.
Port Richey, FL
34668P O BOX 5332
HUDSON FL 34674-5332
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LA SPINA, JOANNE	
STREET ADDRESS	6051 CALIBER COURT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34855	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTESANO, LINDA M	
STREET ADDRESS	13209 WAGNER DR	
CITY - ST - ZIP	HUDSON FL 34667	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNS, GLORIA	
STREET ADDRESS	3907 MARINE PKWY.	
CITY - ST - ZIP	NEW PORT RICHEY FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD MONTESANO, VIRGINIA
3.3 STREET ADDRESS	13115 WOODWARD DR.
3.4 CITY - ST - ZIP	HUDSON, FL 34667-6910

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKEON, JEAN	
STREET ADDRESS	13308 WHALER DR.	
CITY - ST - ZIP	HUDSON FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7000002062847
5.3 STREET ADDRESS	-01/21/97--01010--030
5.4 CITY - ST - ZIP	***61.25

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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

Date

Daytime Phone # 00000000

CR2E037 (9/96)