

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N94000005807 (2)**

1. Corporation Name

VOLUNTEERS FOR ANIMAL CARE, INC.

FILED
Jan 17 1997 8:00am
Secretary of State



Principal Place of Business

Mailing Address

13209 WAGNER DR.
HUDSON FL 34667
Pasco County Gov't
Building
Gale & Wilson Blvd.
Port Richey, FL
34668

P O BOX 5332
HUDSON FL 34674-5332
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 Zip

24 Country

29 Country

30

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

01/31/1996

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

7. 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**

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	□ DELETE	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
									□ Change	□ Addition	CR2E037 (9/96)
PD	LA SPINA, JOANNE	6051 CALIBER COURT	NEW PORT RICHEY FL 34855	<input type="checkbox"/>	21. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	
TD	MONTESANO, LINDA M	13209 WAGNER DR	HUDSON FL 34667	<input type="checkbox"/>	22. NAME				<input type="checkbox"/>	<input type="checkbox"/>	
SD	BRUNS, GLORIA	3907 MARINE PKWY.	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>	23. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	
VD	MCKEON, JEAN	13308 WHALER DR.	HUDSON FL	<input type="checkbox"/>	24. CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	31. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	32. NAME				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	33. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	34. CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	41. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	42. NAME				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	43. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	44. CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	51. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	52. NAME				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	53. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	54. CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	61. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	62. NAME				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	63. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	64. CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	
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

1/8/96 (813) 862-8395

Daytime Phone # NOR8449