

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90001 019 ****61.25

DOCUMENT # N99000004880

1. Entity Name
ANIMAL SUPPORT KINDNESS & KINSHIP, INC.



Principal Place of Business
P. O. BOX 2450
PALM BCH, FL 33480-2450

Mailing Address
P. O. BOX 2450
PALM BCH, FL 33480-2450

40095104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012006

Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0944876

Applied For
Not Applicable

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

ROBERTSON, SARA
339 WESTMINSTER PLACE
W. PALM BCH, FL 33405

Name **VIVIAN BRYAN**

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

333 Sunset Ave, Apt 206

City **PALM BEACH**

FL

Zip Code
33480

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, 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 **P** ☐ Delete
NAME **BRYAN, VIVIAN**
STREET ADDRESS **333 SUNSET AVE., 613**
CITY-ST-ZIP **PALM BCH, FL 33480**

TITLE **BRYAN, Vivian** ☒ Change ☐ Addition
NAME
STREET ADDRESS **333 Sunset Ave Apt 206**
CITY-ST-ZIP **Palm Beach FL 33480**

TITLE **D** ☒ Delete
NAME **CAMERON, MARCY B**
STREET ADDRESS **240 ANGLER AVE.**
CITY-ST-ZIP **PALM BCH, FL 33480**

TITLE **VP - Sec** ☐ Change ☒ Addition
NAME **Stevens, Bunnie**
STREET ADDRESS **1205 Bear Island Dr**
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE **VPS** ☒ Delete
NAME **ROBERTSON, SARA**
STREET ADDRESS **339 WESTMINSTER PL.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **D** ☐ Change ☒ Addition
NAME **BAKST, Michael**
STREET ADDRESS **222 Lakeview Ave, Ste 1330**
CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE **D** ☐ Delete
NAME **RYBOVICH, KAY**
STREET ADDRESS **389 S LAKE DRIVE**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Change ☒ Addition
NAME **Gore, Linda**
STREET ADDRESS **610 CANADA PLACE**
CITY-ST-ZIP **Jupiter FL 33477**

TITLE **T** ☐ Delete
NAME **WILKES, HELEN**
STREET ADDRESS **1435 N OCEAN WAY**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Change ☒ Addition
NAME **Lee, Toni**
STREET ADDRESS **8423 Cargill Point**
CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE **D** ☐ Delete
NAME **GRAHAM, MICHAEL**
STREET ADDRESS **325 SOUTH LAKE DRIVE**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/06

Date

561 689-2553

Daytime Phone #