2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2019
Secretary of State
9868044449CC

DOCUMENT# N30377

Entity Name: FLORIDA VOICES FOR ANIMALS, INC.

Current Principal Place of Business:

3656 FIRST AVE N
ST. PETERSBURG, FL 33713

Current Mailing Address:

PO BOX 17523
TAMPA, FL 33682 US

FEI Number: 59-2959199

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEORGES, RICHARD M.
3656 FIRST AVENUE N.
ST. PETERSBURG, FL 33713 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP
Name	PARHAM, MYRIAM
Address	9932 CARIBOU TRAIL
City-State-Zip:	DADE CITY FL 33525

Title	DT
Name	GALBRAITH, MARIE
Address	11825 HICKORYNUT DRIVE
City-State-Zip:	TAMPA FL 33625

Title	DIRECTOR
Name	CHIN, TREVOR
Address	9808 SIR FREDERICK ST
City-State-Zip:	TAMPA FL 33637

Title	DIRECTOR
Name	JONES, ELLEN JAFFEE
Address	6208 TUPELO TRAIL
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	DVP
Name	KOONE, DIANE
Address	9011 EXPOSITION DRIVE
City-State-Zip:	TAMPA FL 33626

Title	DIRECTOR
Name	HOUSE, SUZANNE
Address	8802 S LAGOON ST
City-State-Zip:	TAMPA FL 33615-4310

Title	DIRECTOR
Name	GRONEMEYER, KIMBERLY
Address	4333 BAYSIDE VILLAGE DRIVE #314
City-State-Zip:	TAMPA FL 33615

Title	DS
Name	MARTINEZ, BRITTANY
Address	24430 BREEZY OAK CT
City-State-Zip:	LUTZ FL 33559

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE GALBRAITH TREASURER 03/20/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CAPOZZIELLO, CHRISTINE
Address	PO BOX 17523
City-State-Zip:	TAMPA FL 33682