

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003039
 1. Entity Name
FLORIDA'S FORGOTTEN FELINES, INC.



Principal Place of Business Mailing Address
 6746 OSBORNE DR. 6746 OSBORNE DR.
 LANTANA, FL 33462 LANTANA, FL 33462



01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 03-0469789 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CARMICHAEL, SUSAN
 6746 OSBORNE DR.
 LANTANA, FL 33462

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMICHAEL, SUSAN
STREET ADDRESS	6746 OSBORNE DR.
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	STROUT, JIM
STREET ADDRESS	5888 JUDD FALLS RD.
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	BARNES, MARY A
STREET ADDRESS	129 BUTTONWOOD LANE
CITY-ST-ZIP	BOYNTON BCH, FL 33436
TITLE	D
NAME	OEST, ULLA
STREET ADDRESS	2801 NE 7TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/05-80099-019 61.25

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12. I 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 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: *Susan Carmichael* **SUSAN CARMICHAEL** **1-24-05** **(561) 641 5717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #