

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90080 049 ****61.25

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1. Entity Name

HELPING CATS AND KITTENS OF THE FLORIDA KEYS, INC.



Principal Place of Business

**130 LOWE ST
TAVERNIER FL 33070
US**

Mailing Address

**P.O. BOX 1777
TAVERNIER FL 33070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0490851

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

**GRASSIA, ANNA
130 LOWE ST
TAVERNIER FL 33070**

Name

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

City

FL

Zip Code

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

**FILE NOW: 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	DPT	<input type="checkbox"/> Delete
NAME	GRASSIA, ANNA MAE	
STREET ADDRESS	130 LOWE ST.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS, THOMAS	
STREET ADDRESS	130 LOWE ST	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	CELMER, MARCIE	
STREET ADDRESS	224 HIBISCUS RD.	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SHAW	
STREET ADDRESS	130 LOWE ST.	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE	JANE JULIAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	25331 1ST ST.	
CITY-ST-ZIP	SUMMER LAND KEY, FL 33042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Anna Grassia (ANNA GRASSIA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2006 (305-394-3924)

Date Daytime Phone #