


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90011 033 \*\*\*\*61.25

**DOCUMENT # N99000007080**

1. Entity Name  
**FRIENDS OF FELINES OF THE FLORIDA KEYS, INCORPORATED**



Principal Place of Business  
**165 MOHAWK STREET  
 TAVERNIER, FL 33070**

Mailing Address  
**165 MOHAWK STREET  
 TAVERNIER, FL 33070**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**65-0969184**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VINICUR, SAMUEL E  
 165 MOHAWK STREET  
 TAVERNIER, FL 33070**

02162004 Chg-NP CR2E037 (10/03)

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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**

TITLE  Delete  
 NAME **D VINICUR, SAMUEL E**  
 STREET ADDRESS **165 MOHAWK STREET**  
 CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE  Delete  
 NAME **D CHESHER, JUDITH A**  
 STREET ADDRESS **155 INDIAN AVENUE**  
 CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE  Delete  
 NAME **D PRESTON, JACQUELINE N**  
 STREET ADDRESS **17123 S.W. 149TH PLACE**  
 CITY-ST-ZIP **MIAMI, FL 33187**

TITLE  Delete  
 NAME **D Lisa Richardson Rutherford**  
 STREET ADDRESS **1429 South Audubon Drive**  
 CITY-ST-ZIP **Homestead, FL 33035**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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 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:  **Samuel E. Vinicur** - 2/17/04 305/852-8741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

34060111

