

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007080

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** FRIENDS OF FELINES OF THE FLORIDA KEYS, INCORPORATED

**Current Principal Place of Business:**

165 MOHAWK STREET  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

165 MOHAWK STREET  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 65-0969184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: VINICUR, SAMUEL E  
Address: 165 MOHAWK STREET  
City-St-Zip: TAVERNIER, FL 33070

Title: D      ( ) Delete  
Name: CHESHER, JUDITH A  
Address: 155 INDIAN AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: D      ( ) Delete  
Name: RUTHERFORD, LISA R  
Address: 1429 SOUTH AUDUBON DRIVE  
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL E. VINICUR

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date