

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753298

**Entity Name:** FELINE CONSERVATION FOUNDATION, INC.

**Current Principal Place of Business:**

3400 VINE ST  
CINCINNATI, OH 45220

**Current Mailing Address:**

3400 VINE ST  
CINCINNATI, OH 45220 US

**FEI Number:** 59-2048618

**Certificate of Status Desired:** No

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

BRAITSCH, BRIAN  
4235 RAMBLER AVENUE  
ST CLOUD, FL 34772 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:** BRIAN BRAITSCH

02/24/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STINNER, MINDY  
Address        P.O. BOX 882  
City-State-Zip:    MEBANE NC 27302

Title            TREASURER  
Name            STRASSER, DAWN  
Address        2832 SALTAIR MAPLE  
City-State-Zip:    BETHEL OH 45106

Title            SECRETARY  
Name            PARKS, PHYLLIS  
Address        6550 77TH STREET  
City-State-Zip:    VERO BEACH FL 32967

Title            VP  
Name            STEFFENS, SUE  
Address        708 COUNTY ROAD 345  
City-State-Zip:    ATTALLA AL 35954

Title            DIRECTOR  
Name            TROMBORG, CHRIS  
Address        217 BAJA AVE  
City-State-Zip:    DAVIS CA 95616-0427

Title            DIRECTOR  
Name            SUBLETT, SHERI  
Address        3400 VINE ST  
City-State-Zip:    CINCINNATI OH 45220

Title            DIRECTOR  
Name            BURNS, MELISSA  
Address        129 EDEN CIRCLE  
City-State-Zip:    CLEVELAND GA 30528

Title            EXECUTIVE DIRECTOR  
Name            BRAITSCH, BRIAN  
Address        4235 RAMBLER AVE  
City-State-Zip:    SAINT CLOUD FL 34772

*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:** DAWN STRASSER

**TREASURER**

02/24/2022

Electronic Signature of Signing Officer/Director Detail

Date