

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753298

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC1841212734**

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

**Current Principal Place of Business:**

1991 S.W. 136 AVENUE  
DAVIE, FL 33325

**Current Mailing Address:**

141 POLK ROAD 664  
MENA, AR 71953 US

**FEI Number: 59-2048618**

**Certificate of Status Desired: Yes**

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

HATFIELD, JEAN C  
1991 SW 136 AVE.,  
DAVIE, FL 33325 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHAMBERS, KEVIN  
Address        7816 N CR 75 W  
City-State-Zip: SHELburn IN 47879

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

Title            TREASURER  
Name            CULVER, LYNN  
Address        141 POLK ROAD 664  
City-State-Zip: MENA AR 71953

Title            SECRETARY  
Name            WILLOUGHBY, DEBI  
Address        281 ALBEE ROAD  
City-State-Zip: UXBRIDGE MA 01569

Title            DIRECTOR  
Name            CALLAHAN, PAT  
Address        3400 VINE STREET  
City-State-Zip: CINCINNATI OH 45220

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

Title            EXECUTIVE DIRECTOR  
Name            CULVER, LYNN  
Address        141 POLK ROAD 664  
City-State-Zip: MENA AR 71953

Title            DIRECTOR  
Name            BEAN, ROBERT  
Address        4633 CHANDLER ROAD  
City-State-Zip: HERMITAGE TN 37067

*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: LYNN CULVER**

**EXECUTIVE DIRECTOR  
AND TREASURER**

**03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date