

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005564

Entity Name: CASTING FOR CATS, INC.**Current Principal Place of Business:**174 OCALA DR
TAVERNIER, FL 33070**Current Mailing Address:**PO BOX 650
ISLAMORADA, FL 33036 US**FEI Number:** 65-1147691**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAHONEY-ELLENWOOD, SHARON A
174 OCALA DR
TAVERNIER, FL 33070 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	P
Name	MAHONEY-ELLENWOOD, SHARON
Address	174 OCALA DR
City-State-Zip:	TAVERNIER FL 33070

Title	S
Name	BROWNLEE, POPPY
Address	138 MALINO DRIVE
City-State-Zip:	ISLAMORADA FL 33036

Title	TREASURER
Name	MAHONEY-ELLENWOOD, SHARON A
Address	174 OCALA DR
City-State-Zip:	TAVERNIER FL 33070

Title	T
Name	GODFREY, PAM
Address	151 SOUTH PERSHING AVE
City-State-Zip:	AKRON OH 33070

Title	S
Name	GODFREY, PAM
Address	P.O. BOX 832
City-State-Zip:	TAVERNIER FL 33070

Title	MANAGER
Name	ALBURY-JOHNSON, CAROL
Address	100 FIRST STREET
City-State-Zip:	KEY LARGO FL 33037

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: SHARON MAHONEY-ELLENWOOD**PRESIDENT****04/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date