

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

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

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

Title TREASURER  
Name MAHONEY-ELLENWOOD, SHARON A  
Address 174 OCALA DR  
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