

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000370

Entity Name: C.A.T.S.-C.A.N. , INC.**Current Principal Place of Business:**572 SEMINOLE WOODS BLVD.
GENEVA, FL 32732**Current Mailing Address:**P.O. BOX 622543
OVIDO, FL 32762 US**FEI Number: 68-0539788****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**AYOOB, PHYLLIS M
572 SEMINOLE WOODS BLVD.
GENEVA, FL 32732 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/D
Name	AYOOB, PHYLLIS M
Address	572 SEMINOLE WOODS BLVD.
City-State-Zip:	GENEVA FL 32732

Title	S/D
Name	REDDY, LISA
Address	699 GREEN TURTLE CT.
City-State-Zip:	GENEVA FL 32732

Title	T/D
Name	MUSSER, JENNY
Address	2780 LAKE HOWELL LN.
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	QUISENBERRY, DEBORAH
Address	7829 FOX KNOLL PL.
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	POSOCOCCO, AUDREY
Address	1233 PALLISTER LANE
City-State-Zip:	LAKE MARY FL 32746

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: PHYLLIS AYOOB**PRESIDENT****03/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date