

2021 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 PRESIDENT, DIRECTOR
Name AYOOB, PHYLLIS M
Address 572 SEMINOLE WOODS BLVD.
City-State-Zip: GENEVA FL 32732

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

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

Title DIRECTOR
Name POSOCCO, AUDREY
Address 1448 LANGHAM TERRACE
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY, DIRECTOR
Name MOORE, LISA
Address 4954 HAITI CIR
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR, TREASURER
Name ROGGE, ROBERT
Address 1007 LEEDS COURT
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name MCCLUNG, JENNIFER
Address 430 LAKE LENELLE
City-State-Zip: CHULUOTA FL 32766

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 M AYOOB**PRESIDENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date