

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006021

Entity Name: CANDY'S CATS, INC.**Current Principal Place of Business:**307 W. MAIN STREET
APOPKA, FL 32712**Current Mailing Address:**P. O. BOX 608444
ORLANDO, FL 32860-8444 US**FEI Number:** 32-0151744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SULLIVAN, CANDACE
307 W. MAIN STREET
APOPKA, FL 32712 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:** CANDACE SULLIVAN

04/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SULLIVAN, CANDACE
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title TREASURER
Name HOCH, DEBORAH KAY
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name DAROZA, JUSTIN
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name MIKKOLA, MICHELLE R
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name WILSON, ELAINE
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name CRUZ, MARIA
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title SECRETARY
Name NEILSEN, BOBBI
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name FREEMAN, TRACY
Address 307 W. MAIN STREET
City-State-Zip: APOPKA FL 32712

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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: CANDACE SULLIVAN

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HICKMAN, LYNNE
Address	307 W. MAIN STREET
City-State-Zip:	APOPKA FL 32712