

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000492

Entity Name: BEYOND NINE CAT RESCUE, INC.**Current Principal Place of Business:**2316 CYPRESS BEND DRIVE SO. #320
POMPANO BEACH, FL 33069**Current Mailing Address:**2316 CYPRESS BEND DR.SOUTH, APT. 320
POMPANO BCH, FL 33069**FEI Number:** 20-8883605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORNES, SHARON T
2316 CYPRESS BEND DRIVE SO. #320
POMPANO BEACH, FL 33069 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	PD
Name	MCDONALD, DEBBIE
Address	9625 SHADOWOOD CT.
City-State-Zip:	CORAL SPRINGS FL 33071

Title	VD
Name	DEGRACE, NICOLE
Address	920 NE 35 STREET
City-State-Zip:	OAKLAND PARK FL 33334

Title	DST
Name	FORNES, SHARON T
Address	2316 CYPRESS BEND DR.SOUTH, APT. 320
City-State-Zip:	POMPANO BCH FL 33069

Title	D
Name	DESAPIO, MARYANNE
Address	920 NE 35 STREET
City-State-Zip:	OAKLAND PARK FL 33334

Title	D
Name	BEESON, BARBARA
Address	920 NE 35 STREET
City-State-Zip:	OAKLAND PARK FL 33334

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 T. FORNES**DIR/SEC/TREAS****04/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date