

**2024 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 920 NE 35 STREET  
City-State-Zip: OAKLAND PARK FL 33334

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

**D/S/T**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date