

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001011

Entity Name: FELINE FOLKS, INC.**Current Principal Place of Business:**1501 LAUGHTON PLACE
SUN CITY CENTER, FL 33573**Current Mailing Address:**PO BOX 6294
SUN CITY CENTER, FL 33571-6294 US**FEI Number:** 20-8794885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANSTER, CHARLES J
1501 LAUGHTON PLACE
SUN CITY CENTER, FL 33573 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
Name THURSTON, SHIELA
Address 1416 LELAND DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title VP
Name GAULT, NORMAN
Address 2203 GREENHAVEN DR.
City-State-Zip: SUN CITY CENTER FL 33573-8063

Title TREASURER
Name GANSTER, CHARLES J
Address 1501 LAUGHTON PLACE`
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY
Name VIAMONTE, PAT
Address 2605 LANCASTER DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name GAULT, CAROL
Address 2203 GREENHAVEN DR.
City-State-Zip: SUN CITY CENTER FL 33573-8063

Title DIRECTOR
Name VACHON, FLO
Address PO BOX 6313
City-State-Zip: SUN CITY CENTER FL 33571

Title DIRECTOR
Name PEPPE, SANDY
Address 2220 HARTLEBURY WAY
City-State-Zip: SUN CITY CENTER FL 33573

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: CHARLES J GANSTER**TREASURER****01/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date