

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001011

**Entity Name:** FELINE FOLKS, INC.**Current Principal Place of Business:**1416 LELAND DR  
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:** Yes**Name and Address of Current Registered Agent:**MCCAUSLIN, MONROE JAMES  
2130 NANTUCKET DRIVE  
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:** MONROE J MCCAUSLIN

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THURSTON, SHEILA  
Address        1416 LELAND DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            TREASURER  
Name            MCCAUSLIN, MONROE JAMES  
Address        2130 NANTUCKET DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            SECRETARY  
Name            KEHLER, NANCY  
Address        2031 ACADIA GREENS DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            WISSING, MARILYN  
Address        1210 LENHAM CT  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            WEST, DALE  
Address        1413 LELAND DR  
City-State-Zip: SUN CITY CENTER FL 33571

Title            VP  
Name            DEB , MCCARTHY  
Address        2216 OLIVE BRANCH  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            MURPHY, BEVERLY  
Address        733 TREMONT GREENS LN  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            WEST, NORMAN W  
Address        1413 LELAND DR  
City-State-Zip: SUN CITY CENTER FL 33573

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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:** MONROE J MCCAUSLIN**TREASURER**

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SWIFT, LAUREL  
Address 303A FOWLING CT  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name WHITE, LINDA  
Address 2535 SAPPHIRE GREENS LANE  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name HART, SUSAN  
Address 2407 NEW HAVEN CIRCLE  
City-State-Zip: SUN CITY CENTER FL 33573