

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011724

Entity Name: FELINE CANOPY OF CARE INC.

Current Principal Place of Business:

138 SOUTHWIND CIRCLE
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

138 SOUTHWIND CIRCLE
SAINT AUGUSTINE, FL 32080 US

FEI Number: 27-4355149

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHERYL A MOORE
138 SOUTHWIND CIRCLE.
ST.AUGUSTINE, FL 32080 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: CHERYL ANN MOORE

05/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PDT
Name MOORE, CHERYL (SHERRIE) A
Address 138 SOUTHWIND CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name HOSTETTER, JOSEPH A
Address 138 SOUTHWIND CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name TROTZKE, JENIFFER
Address 664 BATTERSEA DR
City-State-Zip: ST.AUGUSTINE FL 32095

Title COO
Name IRELAND, COLLEENA JEAN
Address 1905 AMALFI CT
City-State-Zip: ST AUGUSTINE FL 32092

Title EXECUTIVE SECRETARY
Name BROWN, MAXINE ELIZABETH
Address 10352 HEARTHSIDE DR
City-State-Zip: JACKSONVILLE FL 32221

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: MOORE,CHERYL(SHERRIE) A

05/08/2024

Electronic Signature of Signing Officer/Director Detail

Date