

**2022 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

03/31/2022

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	DIRECTOR
Name	ANGELI, RODRIGUEZ
Address	35 SAINT JOHNS FOREST BLVD
City-State-Zip:	SAINT AUGUSTINE FL 32259

*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:** CHERYL (SHERRIE) A MOORE**PRESIDENT**

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date