

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32769

**Entity Name:** ORCAT, INC.**Current Principal Place of Business:**97 SOUTH HARBOR DRIVE  
KEY LARGO, FL 33037**Current Mailing Address:**24 DOCKSIDE LANE  
PMB 505  
KEY LARGO, FL 33037 US**FEI Number:** 65-0125916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOREN, CHEROF, DOODY & EZROL, PA  
3099 E COMMERCIAL BLVD  
#200  
FORT LAUDERDALE, FL 33308 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:** KATHERINE JACKSON

03/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BRYAN, LUISA  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title VC  
Name STAMPS, ANNIE  
Address 97 SOUTH HARBOR DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name PERETZ, ANNE MARIE  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name WOODSUM, ALEX  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name ZAUSMER, LAURA  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name WILLIAMS, MADELEINE  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name SMITH, ROSALYN  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name LEVITETZ, RUBY  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

**Continues on page 2**

*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:** DALIA GARCIA**SECRETARY**

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ZEIGLER, BONNIE  
Address 24 DOCKSIDE LANE  
PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name DESMOND, LISA  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name BAXTER, PAT  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037

Title SECRETARY  
Name GARCIA, DALIA  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name TERWILLIGER, FRAN  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name BREWER, MONA  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037

Title PRESIDENT  
Name SKINNER, Yael  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037

Title TREASURER  
Name SKINNER, Yael  
Address 24 DOCKSIDE LN., #505  
City-State-Zip: KEY LARGO FL 33037