

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745722**

1. Entity Name  
**FRIENDS OF FELINES, INC.**



Principal Place of Business  
**10181 SW 198TH ST.  
MIAMI, FL 33157**

Mailing Address  
**10181 SW 198TH ST.  
MIAMI, FL 33157**



03212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1896150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LILLIEN, IRVING  
10181 SW 198TH ST.  
MIAMI, FL**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000001330786  
04/25/05-80171-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REED, SALLY A. 9040 SW 103 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LILLIEN, IRVING 10181 SW 198TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUMPHREYS, NOREEN 9760 SW 144TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Irving Lillian Irving Lillian 4/22/05 305-233-6973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #