


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756997</b>	
1. Entity Name <b>RARE FELINE BREEDING CENTER, INC.</b>	

Principal Place of Business <b>% ROBERT BAUDY STATE HWY 48, P.O. BOX 100 CENTER HILL, FL 33514</b>	Mailing Address <b>% ROBERT BAUDY STATE HWY 48, P.O. BOX 100 CENTER HILL, FL 33514</b>
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**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2013615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BAUDY, ROBERT E  
STATE HWY 48, P.O. BOX 100  
CENTER HILL, FL 33514**

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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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUDY, ROBERT STATE RD 48 P O BOX 100 CENTER HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, ED 557 S COUNTRY CLUB DR ATLANTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, CATHY P 240 S.W. 165TH STREET OCALA, FL 34473
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**

U00000168443  
07/26/04-80013-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Baudy **7.15.04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT BAUDY** Date **7.15.04**