

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763288 (8)

1. Corporation Name

DAYTONA BEACH CAT FANCIERS, INC.



Principal Place of Business

Mailing Address

929 PARKWOOD DR.  
ORMOND BCH. FL 32174  
US

929 PARKWOOD DR.  
ORMOND BCH. FL 32174  
US

3. Date Incorporated or Qualified

05/14/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2872304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, GEORGE E  
929 PARKWOOD DR.  
ORMOND BCH. FL 32174

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME ANDERSON, GEORGE E  
STREET ADDRESS 929 PARKWOOD DR.  
CITY - ST - ZIP ORMOND BCH. FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS WOLFE, VIRGINIA D.  
CITY - ST - ZIP 1651 VALENCIA AVENUE  
HOLLY HILL FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS WILSON, LINDA  
CITY - ST - ZIP 54 BIG BUCK TRAIL  
ORMOND BEACH FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ANDERSON, GEROGE  
CITY - ST - ZIP 929 PARKWOOD DRIVE  
ORMOND BEACH FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BUSCHMAN, MIRIAM  
CITY - ST - ZIP 192 RIVERSIDE DR.  
ORMOND BEACH FL

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS ANDERSON, PAMELA  
CITY - ST - ZIP 929 PARKWOOD DRIVE  
ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600001805946  
-05/03/96--01004--037

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George E. Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

904-672-4214

Daytime Phone

CR2E037 (12/95)