

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90121 046 \*\*\*\*61.25

DOCUMENT # 763288

1. Corporation Name

DAYTONA BEACH CAT FANCIERS, INC.

Principal Place of Business

929 PARKWOOD DR.  
ORMOND BCH. FL 32174  
US

Mailing Address

929 PARKWOOD DR.  
ORMOND BCH. FL 32174  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/14/1982

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 TD  
INGOGLIA, M  
STREET ADDRESS 5155 BULLIS RD  
CITY-ST-ZIP ST CLOUD FL 32772

TITLE ☐ DELETE

NAME PD  
ANDERSON, PAMELA C  
STREET ADDRESS 929 PARKWOOD DRIVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☒ DELETE

NAME SD  
STICE, L  
STREET ADDRESS 16 OCEAN BREEZE CIR  
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE ☐ DELETE

NAME D  
ESSICK, JEAN  
STREET ADDRESS 2604 STERN DRIVE EAST  
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE ☐ DELETE

NAME D  
ANDERSON, G E  
STREET ADDRESS 929 PARKWOOD DR  
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ DELETE

NAME VP  
ESSICK, B  
STREET ADDRESS 2604 STERN DRIVE E  
CITY-ST-ZIP ATLANTIC BCH FL 32233

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

SD  
TANI SCOTT  
25 AUTUMNWOOD TRAIL  
ORMOND BEACH, FL. 32174

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

14. 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 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, with all other like empowered.

SIGNATURE:

G. E. ANDERSON - D  
SIGNATURE REQUIRED

4-11-99

904-672-4214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)