

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90006 027 ****61.50

DOCUMENT # 763288

1. Entity 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

54054370



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2872304

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGOGLIA, MARY
5155 BULLIS ROAD
SAINT CLOUD FL 34772

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	INGOGLIA, M	
STREET ADDRESS	5155 BULLIS RD	
CITY-ST-ZIP	ST CLOUD FL 32772	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, PAMELA C	
STREET ADDRESS	929 PARKWOOD DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	B	<input type="checkbox"/> Delete
NAME	INGOGLIA, ANTHONY	
STREET ADDRESS	5155 BULLIS RD	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOGARTY, CAROLE	
STREET ADDRESS	1223 DAVID DR	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, G E	
STREET ADDRESS	929 PARKWOOD DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESSICK, B	
STREET ADDRESS	2604 STERN DRIVE E	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tani Scott
STREET ADDRESS	25 Autumnwood Trail
CITY-ST-ZIP	Ormond Beach, FL 32174

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:

Mary D. Ingo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

407 892 5915

Date

Daytime Phone #