2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90295 005 ****61.25

DOCUMENT # N01000000129

1. Entity Name
THE CATTY SHACK RANCH WILDLIFE SANCTUARY, INC.

Principal Place of Business	Mailing Address
1860 STARRATT RD PO BOX 77057 JACKSONVILLE, FL 32226	1860 STARRATT RD PO BOX 77057 JACKSONVILLE, FL 32226

400017...

04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698971
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOGIUDICE, CURTIS
1860 STARRATT RD
JACKSONVILLE, FL 32226

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	LOGIUDICE, CURT
STREET ADDRESS	1860 STARRATT RD
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	PBOD
NAME	LOGIUDICE, DONALD
STREET ADDRESS	1439 WESTERN RCEAGRE RD
CITY-ST-ZIP	YOUNGSTOWN, OH 44514
TITLE	TBOD
NAME	~~OLVIN~~, DIANA Oliver
STREET ADDRESS	PO BOX 77057
CITY-ST-ZIP	JACKSONVILLE, FL 32226
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Curt LoGiudice 4-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #