

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000830

FILED
Jan 08, 2008
Secretary of State

Entity Name: FRIENDS OF SURFSIDE CATS, INC.

Current Principal Place of Business:

9180 BYRON AVENUE
SURFISDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9180 BYRON AVENUE
SURFISDE, FL 33154

New Mailing Address:

FEI Number: 65-1075009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINFELD, LAREINE N
9180 BYRON AVENUE
SURSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WIESCHOLEK, MARTIN
Address: 1111 KANE CONCOURSE 502
City-St-Zip: SURFSIDE, FL 33154

Title: DV () Delete
Name: STEINFELD, LAREINE
Address: 9180 BYRON AVE
City-St-Zip: SURFSIDE, FL 33154

Title: DT () Delete
Name: STEINFELD, DAVID
Address: 9180 BYRON AVE
City-St-Zip: SURFSIDE, FL 33154

Title: DS () Delete
Name: LATONA, ROBERT
Address: 325 SURFSIDE BLVD.
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WIESCHOLEK, MARTIN
Address: 2069 S. OCEAN DRIVE, TH18
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAREINE N. STEINFELD

DV

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date