

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000002068

1. Entity Name
DESTINY BIG CAT SANCTUARY, INC.



Principal Place of Business
**6232 HANCOCK RD
SOUTHWEST RANCHES, FL 33330**

Mailing Address
**6232 HANCOCK RD
SOUTHWEST RANCHES, FL 33330**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2308355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CANZONETTA, VICTORIA
6232 HANCOCK RD
SOUTHWEST RANCHES, FL 33330**

**DO NOT WRITE
IN THIS SPACE**

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

Kristi Gonzales - Pres. - No change

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SELDEN, BARRY ESQ. 2437 S. IVES LESLIE, MI 49251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANZONETTA, VICTORIA 6232 HANCOCK RD SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CANZONETTA, ELIZABETH 5819 E. MONTGOMERY ROAD CAVE CREEK, AZ 85331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOSS, LAURENCE 30100 TELEGRAPH RD. BINGHAM FARMS, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM REGO, KELLEY J 6232 HANCOCK RD SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000690870
04/12/07-80007-016 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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:

Kristi Gonzales 3/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 252.8734

Date

Daytime Phone #