

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 27, 2008 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



01212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
52-2308355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000952321
06/04/08-80074-015 61.25

10. OFFICERS AND DIRECTORS

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

**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: *X Victoria Canzonetta - Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

O.B.S.S. 5/20/08 954 252 8224