

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 017 ****61.25

DOCUMENT # N01000004080	
1. Entity Name CATS ANGELS, INC. SPCA	



Principal Place of Business P.O. BOX 16072 FERNANDINA BEACH FL 32035	Mailing Address PO BOX 16072 FERNANDINA BEACH FL 32035
--	--



2. Principal Place of Business - No P.O. Box # 709 S. 8th Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Fernandina Beach, FL	City & State
Zip 32034	Country USA

4. FEI Number 59-3724894	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HACKNEY, ELIZABETH M 1627 ALACHUA ST FERNANDINA BEACH FL 32034	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P HACKNEY, BETH 1627 ALACHUA ST FERNANDINA BEACH FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S PRINCE, DOTTIE 114 SEA MARSH RD FERNANDINA BEACH FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T PFOUNTZ, JOSEPH 278 MARSH LAKES DR FERNANDINA BEACH FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D MUNCH, REBECCA 264 PALMETTO DR. FERNANDINA BEACH FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D RIMBERT, SUZANNE 608 ASH STREET FERNANDINA BEACH FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D GLICKMAN, KIM 31072 GRASSY PARKE DR. FERNANDINA BEACH FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director Gail Cook 1708 Philips Manor Road Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director Joy Crossley 206 River Oaks Dr. Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Elizabeth M. Hackney 4/2/07 904-277-5248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #