

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004432

FILED
Apr 10, 2007
Secretary of State

Entity Name: FERAL FELINE SANCTUARY, INC.

Current Principal Place of Business:

8446 SW 109 PLACE
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8446 SW 109 PLACE
OCALA, FL 34481

New Mailing Address:

FEI Number: 80-0005355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, RICHARD G
8446 SW 109 PLACE
OCALA, FL 34481 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: CD () Delete
Name: TAYLOR, RICHARD G
Address: 8446 SW 109 PLACE
City-St-Zip: Ocala, FL 34481

Title: VD () Delete
Name: KARAS, JOANNE
Address: 8446 SW 109 PLACE
City-St-Zip: Ocala, FL 34481

Title: SD () Delete
Name: LAWYER, SANDRA
Address: 8446 SW 109 PLACE
City-St-Zip: Ocala, FL 34481

Title: TD () Delete
Name: MILLER, KATHY
Address: 8446 SW 109 PLACE
City-St-Zip: Ocala, FL 34481

Title: MC () Delete
Name: GERHART, CHARLES DR.
Address: 8446 SW 109 PLACE
City-St-Zip: Ocala, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: RICHARD G. TAYLOR

CD

04/10/2007

Electronic Signature of Signing Officer or Director

Date