

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004685

FILED
Jan 10, 2005
Secretary of State

Entity Name: FRIENDS OF ABANDONED CATS INC.

Current Principal Place of Business:

P O BOX 772
DADE CITY, FL 33526

New Principal Place of Business:

Current Mailing Address:

P O BOX 772
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3744246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSON, LAURA
12010 OLD LAKELAND HWY
DADE CITY, FL 33525 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: D () Delete
Name: TRAFTON, DOREEN
Address: 10222 COVINGTON RD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: GREINER, DEIDRA
Address: 17725 HYLAND LANE
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MANSON, LAURA
Address: 12010 OLD LAKELAND HWY
City-St-Zip: DADE CITY, FL 33525

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA MANSON

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date