

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001850

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: ADOPT-A-RESCUED-KITTY, INC.

## Current Principal Place of Business:

317 OCEANWOOD DR  
NEPTUNE BCH, FL 32266

## New Principal Place of Business:

317 OCEANWOOD DR  
NEPTUNE BCH, FL 32266 US

## Current Mailing Address:

317 OCEANWOOD DR  
NEPTUNE BCH, FL 32266

## New Mailing Address:

317 OCEANWOOD DR  
NEPTUNE BCH, FL 32266 US

FEI Number: 01-0610979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALCORN, EDITH M  
317 OCEANWOOD DR  
NEPTUNE BCH, FL 32266 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: DPTS ( ) Delete  
Name: ALCORN, EDITH M  
Address: 317 OCEANWOOD DR  
City-St-Zip: NEPTUNE BCH, FL 32266

Title: DV ( ) Delete  
Name: WOOD, BENNETT B JR  
Address: 13202 DAMRON PL  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV ( ) Delete  
Name: ALCORN, JOANNE T  
Address: 6946 SILVER GRASS CT  
City-St-Zip: DOUGLASVILLE, GA 30135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition  
Name: ALCORN, EDITH M  
Address: 317 OCEANWOOD DR  
City-St-Zip: NEPTUNE BCH, FL 32266 US

Title: DV (X) Change ( ) Addition  
Name: WOOD, BENNETT B JR  
Address: 13202 DAMRON PL  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DV (X) Change ( ) Addition  
Name: ALCORN, JOANNE T  
Address: 6946 SILVER GRASS CT  
City-St-Zip: DOUGLASVILLE, GA 30135 US

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: EDITH M. ALCORN

DPTS

04/17/2007

Electronic Signature of Signing Officer or Director

Date