

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003039

FILED
May 17, 2009
Secretary of State

Entity Name: FLORIDA'S FORGOTTEN FELINES, INC.

Current Principal Place of Business:

6746 OSBORNE DR.
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

6746 OSBORNE DR.
LANTANA, FL 33462

New Mailing Address:

FEI Number: 03-0469789 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARMICHAEL, SUSAN
6746 OSBORNE DR.
LANTANA, FL 33462 US

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: CARMICHAEL, SUSAN
Address: 6746 OSBORNE DR.
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: STROUT, JIM
Address: 6746 OSBORNE DR
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: BARNES, MARY A
Address: 129 BUTTONWOOD LANE
City-St-Zip: BOYNTON BCH, FL 33436

Title: D () Delete
Name: HOFFMAN, LINDA
Address: 4629 MARINERS COVE DRIVE
City-St-Zip: WELLINGTON, FL 33449

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:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN CARMICHAEL

PRES

05/17/2009

Electronic Signature of Signing Officer or Director

Date