2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007091

KENNEDY, KAREN

ORLANDO, FL 32825

1746 CYPRESS RIDGE DR

Name:

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

DOCON	1 - I V I T I V	10200000	7001				Secretary or Sta	ii.C
Entity Na	me: ALLE	Y CAT ORPH	HANS, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
3455 TARI COCOA, F	RAGON ST FL 32926							
Current Mailing Address:					New Mailing Address:			
POST OFF COCOA, F	FICE BOX FL 32923	236323						
	: 01-0659451 ce with s. 60		nber Applied For() S., the corporation did		nber Not Appl he prior notic		Certificate of Status Desired (X	9
Name and	Address	of Current R	Registered Agent:		Name and	Addres	s of New Registered Agent:	
WHEDBEI 3207 ANG COCOA, F	ELICA ST FL 32926	US	his statement for th	ao nurnaca a	f shonging i	to rogisto	ared office or registered agent or l	hoth
	named en e of Florida		nis statement for tr	ie purpose o	r changing i	is registe	ered office or registered agent, or l	ootn,
SIGNATU	RE:							
	Elec	tronic Signat	ure of Registered	Agent			Date	
OFFICER	S AND DIR	ECTORS:			ADDITION	S/CHAN	IGES TO OFFICERS AND DIREC	CTORS:
Title: Name: Address: City-St-Zip:	P WHEDBEE 3207 ANGE COCOA, FI	ELICA ST			Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP LEWIS, AN 3455 TARF COCOA, FI	RAGON ST			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S KENNEDY, 1746 CYPF ORLANDO	RESS RIDGE D	R		Title: Name: Address: City-St-Zip:		(X) Change ()Addition SONJA RRAGE CT BURG, FL 32068	
Title:	Т	() Delete			Title:	Т	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SCHIEBEL, SARAH

3252 CARLOTTA RD

MIDDLEBURG, FL 32068

SIGNATURE: ANTOINETTE LEWIS VP 05/01/2008