

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007091

Entity Name: ALLEY CAT ORPHANS, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

3255 TARRAGON ST.  
COCOA, FL 32926

## New Principal Place of Business:

3455 TARRAGON ST  
COCOA, FL 32926

## Current Mailing Address:

POST OFFICE BOX 236323  
COCOA, FL 32923

## New Mailing Address:

3455 TARRAGON ST  
COCOA, FL 32926

FEI Number: 01-0659451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WHEDBEE, JULIE  
3207 ANGELICA ST  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

LEWIS, ANTOINETTE D  
3455 TARRAGON ST  
COCOA, FL 32926 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: ANTOINETTE LEWIS

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: LEWIS, ANTOINETTE  
Address: 3455 TARRAGON ST  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: WILEY, SONJA  
Address: 2285 BARRAGE CT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T ( ) Delete  
Name: SCHIEBEL, SARAH  
Address: 3252 CARLOTTA RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHRUM, WILLIAM  
Address: 3455 TARRAGON ST  
City-St-Zip: COCOA, FL 32926

Title: VP (X) Change ( ) Addition  
Name: WILEY, SONJA  
Address: 2285 BARRAGE CT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S/T (X) Change ( ) Addition  
Name: SNELLING, CHRISTINE  
Address: POST OFFICE BOX 3055  
City-St-Zip: DAVENPORT, FL 33836

Title: DIR ( ) Change (X) Addition  
Name: LEWIS, ANTOINETTE  
Address: POST OFFICE BOX 236323  
City-St-Zip: COCOA, FL 32923

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: ANTOINETTE LEWIS

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date