

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005403

DOCUMENT # N02000007091

1. Entity Name
ALLEY CAT ORPHANS, INC.



03 SEP 11 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3455 TARRAGON ST.
COCOA FL 32926

Mailing Address

3455 TARRAGON ST.
COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

P.O. Box 236323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCOA FL

Zip

Country

Zip

Country

32923

US

4. FEI Number

010659451

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEWIS, ANTOINETTE
3455 TARRAGON ST.
COCOA FL 32926

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-11-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, ANTOINETTE
STREET ADDRESS 3455 TARRAGON ST.
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE VD
NAME SHRUM, WILLIAM K
STREET ADDRESS 4185 KNOXVILLE AVE.
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE SD
NAME JAMES, NIKOLAS
STREET ADDRESS 1731 SAMS ST., SUITE E
CITY-ST-ZIP MARIETTA GA 30060 ☐ Delete

TITLE TD
NAME GIANGRECO, ILENE
STREET ADDRESS 3835 ALAN SHEPARD AVE.
CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE EVD
NAME CHRISTIE, ANDREA
STREET ADDRESS 1121 COLUMBIA CT.
CITY-ST-ZIP GOOSE CREEK SC 29445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Nikolas James
STREET ADDRESS 3320 Wall Blvd, # 1-301
CITY-ST-ZIP Gretna, LA 70056 ☒ Change ☐ Addition

TITLE TD
NAME Mary Leppé
STREET ADDRESS 328 Baywest Neighbors Circle
CITY-ST-ZIP Orlando, FL 32835 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANTOINETTE LEWIS

CR2E037 (4/03)