2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001324

FILED Jul 21, 2005 Secretary of State

Entity Name: THE HISTORIC CAT SANCTUARY OF KEY WEST INC

Current P	rincipal Place of Business:	New Principal Place of Business:
704 EATO KEY WES	N ST. T, FL 33040	
Current M	lailing Address:	New Mailing Address:
704 EATO KEY WES	N ST. T, FL 33040	
n accordan	: 59-3767510 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
	OOD, JANICE	
704 EATO KEY WES	N ST. T, FL 33040 US	
KEY WES	T, FL 33040 US	the purpose of changing its registered office or registered agent, or both,
KEY WES	T, FL 33040 US named entity submits this statement for e of Florida. RE:	
KEY WES The above n the State	T, FL 33040 US e named entity submits this statement for e of Florida.	
KEY WES The above In the State SIGNATU	T, FL 33040 US named entity submits this statement for e of Florida. RE:	the purpose of changing its registered office or registered agent, or both, d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
KEY WES The above In the State SIGNATU	err, FL 33040 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered	d Agent Date
The above in the State SIGNATUID PFFICER Sittle: Itame: Ita	e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: D () Delete ISHERWOOD, JANICE 704 EATON ST.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANICE ISHERWOOD DIRE 07/21/2005