2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N03000002758

Entity Name: CARING FOR CATS IN THE UPPER KEYS, INC.

Current Principal Place of Business:

80925 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

80925 OVERSEAS HWY
SUITE 2 B
ISLAMORADA, FL 33036

Current Mailing Address:

80925 OVERSEAS HWY
ISLAMORADA, FL 33036

New Mailing Address:

80925 OVERSEAS HWY
SUITE 2 B
ISLAMORADA, FL 33036

FEI Number: 36-4527275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTHET, PATRICK C
200 S BISCAYNE BLVD STE 1800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: SCHWARTZ, MARGARET A
Address: 182 BAYVIEW DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete
Name: REED, ELLEN
Address: 399 PALM DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete
Name: GONCZY, NICOLE
Address: 7943 STEWART DR
City-St-Zip: DARIEN, IL 60561

Title: D ( ) Delete
Name: GONCZY, JOHN E
Address: 36 COMMONS DR
City-St-Zip: PALAS PK, IL 60464

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: D (X) Change ( ) Addition
Name: GONCZY, JOHN
Address: 10029 S. KEELER
City-St-Zip: OAK LAWN, IL 60453

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: MARGARET A. SCHWARTZ P 03/03/2009

Electronic Signature of Signing Officer or Director — Date