

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 043 ****61.25

DOCUMENT # N03000005638

1. Entity Name

KAT RESCUE ASSOCIATION, INC.



Principal Place of Business

1520 SW 68 TERRACE
POMPANO BEACH FL 33068

Mailing Address

1520 SW 68 TERRACE
POMPANO BEACH FL 33068

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

SAME

Country

USA

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

44050758



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

KEMPTON, ANN
1520 SW 68 TERRACE
POMPANO BEACH FL 33068

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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 P
NAME ANN, KEMPTON
STREET ADDRESS 1520 SW 68 TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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:

Ann Kempton

ANN KEMPTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04

Date

954-968-5158

Daytime Phone #