

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 047 ****61.25

DOCUMENT # N03000010334

1. Entity Name

THE LITTLE CATS' RESCUE, INC.



Principal Place of Business

4229 ABACO CT
NEW PORT RICHEY FL 34653

Mailing Address

POB 1559
ELFERS FL 34680



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1631024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

SAKS, RAEANNA
4229 ABACO CT
NEW PORT RICHEY FL 34653

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 PSTD
NAME SAKS, RAEANNA ☐ Delete
STREET ADDRESS 4229 ABACO CT
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D
NAME LEVENSON, RUTH ☐ Delete
STREET ADDRESS 1490 VENTNOR AVE.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VPD
NAME GRIFFITTS, RICHARD ☐ Delete
STREET ADDRESS 9247 HAYNIE CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE *TO*
NAME *JAMES ROGERS* ☐ Delete
STREET ADDRESS *2504 MORNING GLOW CT*
CITY-ST-ZIP *HOLIDAY FL 34691*

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *PSO* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Raeanna Saks* *RAEANNA SAKS* *5/1/08* *(727) 815 0772*