

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 23, 2009  
Secretary of State

DOCUMENT# N03000010334

Entity Name: THE LITTLE CATS' RESCUE, INC.

**Current Principal Place of Business:**

4229 ABACO CT  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1559  
ELFERS, FL 34680

**New Mailing Address:**

FEI Number: 84-1631024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAKS, RAEANNA  
4229 ABACO CT  
NEW PORT RICHEY, FL 34653      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: PSD ( ) Delete  
Name: SAKS, RAEANNA  
Address: 4229 ABACO CT  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: LEVENSON, RUTH  
Address: 1490 VENTNOR AVE.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD ( ) Delete  
Name: GRIFFITTS, RICHARD  
Address: 9247 HAYNIE CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete  
Name: ROGERS, JAMES  
Address: 2504 MORNING GLORY CT  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: LAMB, SCOTT  
Address: 3350 HUNT CLUB DRIVE  
City-St-Zip: CLEARWATER, FL 33671 US

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: RAEANNA SAKS

PSD

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date