

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002300

FILED
Jan 15, 2008
Secretary of State

Entity Name: BONNIE'S CAT AND KITTEN ORPHANAGE, INC.

Current Principal Place of Business:

6015 N DEXTER AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

6015 N DEXTER AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-0934816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTERHOFF, LOUISE C
6015 N DEXTER AVE
TAMPA, FL 33604 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: D () Delete
Name: WESTERHOFF, LOUISE C
Address: 6015 N DEXTER AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: WESTERHOFF, LOUISE C
Address: 6015 N DEXTER AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: PIERCE, VALERIE L
Address: 702 MASON ST
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: SWAIN, DANIEL
Address: 2013 E HANNA AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WESTERHOFF, LOUISE C
Address: 8813 DYER ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: D (X) Change () Addition
Name: WESTERHOFF, LOUISE C
Address: 8813 DYER ROAD
City-St-Zip: RIVERVIEW, FL 33578

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

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

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: LOUISE C WESTERHOFF

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01/15/2008

Electronic Signature of Signing Officer or Director

Date