



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90047 005 ****61.25

DOCUMENT # N04000004327 1. Entity Name SUNSHINE CATS OF FLORIDA - N.O.A.C., INC.					
Principal Place of Business 28 COSMOPOLITAN DR UNIT 13 LEHIGH ACRES, FL 33936				Mailing Address 28 COSMOPOLITAN DR UNIT 13 LEHIGH ACRES, FL 33936	
2. Principal Place of Business - No P.O. Box # 1054 BACON CIRCLE N.E. Suite, Apt. #, etc. PALM BAY, FLORIDA City & State		3. Mailing Address 1054 BACON CIRCLE N.E. Suite, Apt. #, etc. PALM BAY, FLORIDA City & State			
Zip 32905		Country USA		4. FEI Number 30-0248535	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SORRENTINO, BERNADETTE M 1054 BACON CIRCLE PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name BERNADETTE M. SORRENTINO Street Address (P.O. Box Number is Not Acceptable) 1054 BACON CIRCLE N.E. PALM BAY City FL Zip Code 32905		
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 <i>Bernadette M. Sorrentino</i> 4-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, BETTY 5401 43RD TERR ST. PETERSBURG, FL 33909	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, DOTTIE 110 East JINKINS CIRCLE SANFORD, FL 32773
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, DOTTIE 110 EAST JINKINS CIRCLE SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNNEY BRENNEMAN 1700 N.E. 52nd.ST. FT. LAUDERDALE, FL 33334
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNEMAN, BUNNEY 1105 EAST 13TH S STREET FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY SUE STOCKTON 305 ROMA RD. VENICE, FL 34285
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Bernadette M. Sorrentino</i> 4-7-08 321-789-6272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					