## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004327

FILED Apr 18, 2009 Secretary of State

Entity Name: SUNSHINE CATS OF FLORIDA - N.O.A.C., INC.

Current Principal Place of Business: New Principal Place of Business:

1054 BACON CIRCLE NE PALM BAY, FL 32905 US

Current Mailing Address: New Mailing Address:

1054 BACON CIRCLE NE PALM BAY, FL 32905 US

FEI Number: 30-0248535 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SORRENTINO, BERNADETTE M 1054 BACON CIRCLE NE PALM BAY, FL 32905 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 STOCKTON, MARY SUE
 Name:
 BRENNEMAN, BUNNEY

 Address:
 305 ROMA RD
 Address:
 1700 N.E. 52ND. ST.

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:
 FT. LAUDERDALE, FL 33334

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: BUCKLEY, DOTTIE Name: STOCKTON, MARY SUE

Address: 110 EAST JINKINS CIRCLE Address: 305 ROMA RD.
City-St-Zip: SANFORD, FL 32773 City-St-Zip: VENICE, FL 34285

Title: D () Delete Title: D (X) Change () Addition

Name:BRENNEMAN, BUNNEYName:BUCHANAN, PATRICIAAddress:1700 NE 52ND STAddress:18 WILLNER CIRCLECity-St-Zip:FORT LAUDERDALE, FL 33334City-St-Zip:SANFORD, FL 32771

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: BERNADETTE M. SORRENTINO RA 04/18/2009