2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State
06-27-2005 90001 013 ****70.00

DOCUMENT # N04000005939

1. Entity Name
SECOND CHANCE CAT RESCUE, INC.

Principal Place of Business	Mailing Address
~~16 WINDWARD DR~~ ~~BEVERLY BEACH, FL 32136~~ 1630 Hickory St Bunnell, Fl 32110	~~P O BOX 224~~ ~~FLAGLER BEACH, FL 32136~~ SAME

J00033739

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1630 Hickory ST Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number 54-2131972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOLINA, MARI ~~16 WINDWARD DR~~ 1630 Hickory St. ~~BEVERLY BEACH, FL 32136~~ Bunnell, FL. 32110	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 Mari Molina 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

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	P MOLINA, MARI ~~P.O BOX 224~~ 1630 Hickory St ~~FLAGLER BEACH, FL 32136~~ Bunnell, Fl.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secty CLAUDIA Peisel 72 FALLEN OAK LANE PALM COAST FL. 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURNS, KAREN T 499 KIELB RD BUNNELL, FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUSSWEIN, DEBORAH F P.O. BOX 352424 PALM COAST, FL 32135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEYER, DEBORAH A 1 HEMBURY LN PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mari Molina Mari Molina 4/29/05 503-4250
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #