

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005939

FILED  
Sep 11, 2007  
Secretary of State

**Entity Name:** SECOND CHANCE CAT RESCUE, INC.

**Current Principal Place of Business:**

1630 HICKORY STREET  
BUNNELL, FL 32110

**New Principal Place of Business:**

1630 HICKORY STREET  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

PO BOX 224  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

P O BOX 354355  
PALM COAST, FL 32135

FEI Number: 54-2131972      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:**

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

MOLINA, MARI  
1630 HICKORY STREET  
BUNNELL, FL 32110      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:**

Title: P      ( ) Delete  
Name: MOLINA, MARI  
Address: 16 WINDWARD DR  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T      ( ) Delete  
Name: CREW, SARA  
Address: 212 S 8 ST  
City-St-Zip: FLAGLER BEACH, FL 32136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: MOLINA, MARI  
Address: 1630 HICKORY STREET  
City-St-Zip: BUNNELL, FL 32110

Title: T      (X) Change ( ) Addition  
Name: CREW, SARA  
Address: 1630 HICKORY STREET  
City-St-Zip: BUNNELL, FL 32110

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: MARI MOLINA

P

09/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date