

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005939

FILED
Jul 09, 2008
Secretary of State

Entity Name: SECOND CHANCE CAT RESCUE, INC.

Current Principal Place of Business:

1630 HICKORY STREET
FLAGLER BEACH, FL 32136

New Principal Place of Business:

31 RANDOLPH DR.
PALM COAST, FL 32164

Current Mailing Address:

P O BOX 354355
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 54-2131972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MOLINA, MARI
1630 HICKORY STREET
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

MOLINA, MARI
31 RANDOLPH DR.
PALM COAST, FL 32164 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: MARI MOLINA

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: MOLINA, MARI PRES
Address: 31 RANDOLPH DR
City-St-Zip: PALM COAST, FL 32164

Title: MRS (X) Change () Addition
Name: HAWKINS, MURIEL VICE PR
Address: 13 CREEK COURT
City-St-Zip: PALM COAST, FL 32137

Title: MRS () Change (X) Addition
Name: WILD, ISABEL TRES
Address: 62 FAIRBANK LN
City-St-Zip: PALM COAST, FL 32137

Title: MRS () Change (X) Addition
Name: BEARSS, BECKY SECTY
Address: P O BOX 350405
City-St-Zip: PALM COAST, FL 32135

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

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date