

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005939

FILED
Apr 22, 2009
Secretary of State

Entity Name: SECOND CHANCE CAT RESCUE, INC.

Current Principal Place of Business:

31 RANDOLPH DR.
PALM COAST, FL 32164

New Principal Place of Business:

40 RAMBLEWOOD 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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOLINA, MARI
40 RAMBLEWOOD DRIVE
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: _____

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: MOLINA, MARI PRES
Address: 40 RAMBLEWOOD DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ISABEL WILD

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date