

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90064 046 ****61.25

60009229



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number **35-2245779** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, CAROL J
1110 4TH STREET
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GANN, TRACY M	
STREET ADDRESS	8404 DIMARE DR.	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	SWEENEY, CAROL J	
STREET ADDRESS	1110 4TH ST.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY DELLA MALVA	
STREET ADDRESS	5033 BRIGHTMOUR CR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM HARKEY	
STREET ADDRESS	1010 5TH ST.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DELLA MALVA	
STREET ADDRESS	5033 BRIGHTMOUR CR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTIN BAGLEY	
STREET ADDRESS	2515 RUNYON CR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERYL HAMILTON	
STREET ADDRESS	2358 CILANTRO DR	
CITY-ST-ZIP	ORLANDO FL 32837	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL J SWEENEY

Date

1-26-06

Daytime Phone #

407-816
8153

ATTACHMENT

Additional Information: Document # N05000000706 - It's All About the Cats, Inc.

60009229

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lisa Greene 145 N Lakewood Circle Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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