

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001142

FILED
Apr 06, 2009
Secretary of State

Entity Name: CAT LOVERS INC.

Current Principal Place of Business:

3620 W STERLING CIRCLE
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

3620 W STERLING CIRCLE
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 06-1739609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOGT, CAROLYN
3620 W STERLING CIRCLE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: PRES () Delete
Name: VOGT, CAROLYN
Address: 3620 W STERLING COURT
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: MCCHESENEY, SHARYN
Address: 2105 SOUTH MANHATTEN AVE.
City-St-Zip: TAMPA, FL 33629

Title: SEC () Delete
Name: MCMINN, TERI
Address: 2302 SOUTH MANHATTEN AVE #104
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROLYN VOGT

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date