

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90037 035 \*\*\*\*61.25

**DOCUMENT # N06000001377**

1. Entity Name  
**FOR THE LOVE OF CATS, INC.**



Principal Place of Business  
**340 CAPISTRANO CT.  
MARCO ISLAND, FL 34145**

Mailing Address  
**P.O. BOX 1777  
MARCO ISLAND, FL 34146**

**40063400**



2. Principal Place of Business - No P.O. Box #  
**511 ANTILLES CT**

3. Mailing Address  
**PO BOX 1777**

Suite, Apt. #, etc.  
**MARCO ISLAND FL**

Suite, Apt. #, etc.  
**MARCO ISLAND FL 34146**

01102008 Chg-NP CR2E037 (12/06)

City & State  
**34145**

City & State

4. FEI Number  
**20-4188963**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**RICH, JANET H  
340 CAPISTRANO CT.  
MARCO ISLAND, FL 34145**

**7. Name and Address of New Registered Agent**

Name  
**JANET F RICH**

Street Address (P.O. Box Number is Not Acceptable)

**511 ANTILLES CT**

**MARCO ISLAND FL 34145**

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, 2008**

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 **D** ☐ Delete  
NAME **RICH, JAMES F**  
STREET ADDRESS **340 CAPISTRANO CT.**  
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Delete  
NAME **RICH, JANET H**  
STREET ADDRESS **340 CAPISTRANO CT.**  
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Delete  
NAME **MICHELINE, MICHELLE**  
STREET ADDRESS **270 N. COLLIER BLVD #206**  
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Delete  
NAME **TOBIE, RUTH**  
STREET ADDRESS **1273 BLUEBIRD AVE**  
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☒ Delete  
NAME **LONDON, CONNIE**  
STREET ADDRESS **1681 GALLEON CT**  
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☒ Change ☐ Addition  
NAME **RICH, JAMES F**  
STREET ADDRESS **511 ANTILLES CT**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** ☒ Change ☐ Addition  
NAME **RICH, JANET H**  
STREET ADDRESS **511 ANTILLES CT**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** ☒ Change ☐ Addition  
NAME **MICHELINE, MICHELLE**  
STREET ADDRESS **120 LAMPLIGHTER DR**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **LEVINE, LINDA**  
STREET ADDRESS **331 CAPISTRANO CT**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** ☐ Change ☒ Addition  
NAME **BOBBIE CONFER**  
STREET ADDRESS **711 ROCKPORT CT**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

**JANET F RICH**

Date

**4/6/08**

Daytime Phone #

**239/642-8674**