

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 022 ****70.00

DOCUMENT # N06000001852

1. Entity Name
**THE SOCIETY FOR FURRY & FEATHERED FRIENDS,
INC.**



Principal Place of Business
**980 COUNTY ROAD 90
PALM HARBOR, FL 34684**

Mailing Address
**980 COUNTY ROAD 90
PALM HARBOR, FL 34684**

DO NOT WRITE IN THIS SPACE



07312008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-8939261

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, LORRAINE
980 COUNTY ROAD 90
PALM HARBOR, FL 34684**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GILBERT, LORRAINE
980 COUNTY ROAD 90
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BARNA, BARBARA
960 COUNTY ROAD 90
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Lorraine P. Gilbert - VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08 *area code 727*
729-3742
Date Daytime Phone #

ATTACHMENT

40114379

NO6000001852

#2

don't want to do anything illegal.
Have you any pamphlets or printed
info to help me.

I do not expect to claim gifts or
my IRS tax forms as I feel if I
can give I should not expect IRS
to repay me !!!

I'm 86 and old fashioned in many
ways. For instance I could have sued
the nursing home where my mother was
neglected during the 10 day stay but we
don't want to fast bucks. Sincerely
Lorinda L. Hill

#1

8/6/08 - Thank you for your kindness &
sympathy. Today, my husband had his
curated artery surgery and came out
of the procedure after 1 1/2 hrs under the
knife but took 3 hrs in recovery
instead of half-hour anticipated.

Could you steer me in the
right direction, I have several stocks such
as First Energy, Dominion Resources, Disney,
Schering & Plough etc. I have no idea
what the cost basis is - so instead
of cashing them in, I would like to
give them to this corporation but