

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005107

FILED
Mar 23, 2009
Secretary of State

Entity Name: LONG ISLAND OCELOT TRUST, INC.

Current Principal Place of Business:

201 SHELINE DRIVE
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

201 SHELINE DRIVE
HAVANA, FL 32333

New Mailing Address:

FEI Number: 20-4929831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUSA, CARIN
201 SHELINE DRIVE
HAVANA, FL 32333 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: TRUS () Delete
Name: GALINDO, JILL
Address: 4812 DAYWALT ROAD
City-St-Zip: SEBASTOPOL, CA 95472

Title: TRUS () Delete
Name: PARKER, MARY
Address: 5419 SO. SATELINE RD
City-St-Zip: POST FALLS, MD 83854

Title: TRUS () Delete
Name: PERANER, BOB
Address: 146 MAGAZINE STREET
City-St-Zip: CAMBRIDGE, MA 02139

Title: TRUS () Delete
Name: SINNOTT, JACKIE
Address: 14722 CEDAR LANE NE
City-St-Zip: SILVERTON, OR 97381

Title: TRUS () Delete
Name: VIGNE, LOREON
Address: 20889 GEYERSVILLE AVE
City-St-Zip: GEYSERVILLE, CA 95441

Title: TRUS () Delete
Name: SOUSA, CARIN
Address: 201 SHELINE DRIVE
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRUS (X) Change () Addition
Name: PARKER, MARY
Address: 18401 NE 121 ST
City-St-Zip: BRUSH PRAIRIE, WA 98606

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

Title: TRUS (X) Change () Addition
Name: SINNOTT, JACKIE
Address: 14722 CEDAR LANE NE
City-St-Zip: SILVERTON, OR 97381

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: CARIN SOUSA

TRUS

03/23/2009

Electronic Signature of Signing Officer or Director

Date