

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012653

FILED
Feb 03, 2008
Secretary of State

Entity Name: TROPICAL FELINE RESCUE, INC.

Current Principal Place of Business:

12056 SHADOW RIDGE BLVD.
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

12056 SHADOW RIDGE BLVD.
HUDSON, FL 34669

New Mailing Address:

FEI Number: 22-3949330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLORAN, LINDA
12056 SHADOW RIDGE BLVD
HUDSON, FL 34669 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: PTD () Delete
Name: KLORAN, LINDA
Address: 12056 SHADOW RIDGE BLVD.
City-St-Zip: HUDSON, FL 34669

Title: VPD () Delete
Name: WALKER, KATHY
Address: 12056 SHADOW RIDGE BLVD.
City-St-Zip: HUDSON, FL 34669

Title: SD () Delete
Name: FITZGERALD, CAROLYN
Address: 12056 SHADOW RIDGE BLVD.
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: BLANCO, PATRICIA
Address: 5825 W. 25TH COURT #207
City-St-Zip: HIALEAH, FL 33016

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:

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: LINDA C KLORAN

PTD

02/03/2008

Electronic Signature of Signing Officer or Director

Date