

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000492

FILED
Mar 20, 2009
Secretary of State

Entity Name: BEYOND NINE CAT RESCUE, INC.

Current Principal Place of Business:

2316 CYPRESS BEND DR.SOUTH, APT. 320
POMPANO BCH, FL 33069

New Principal Place of Business:

2217 E. ATLANTIC BLVD.
POMPANO BCH, FL 33062

Current Mailing Address:

2316 CYPRESS BEND DR.SOUTH, APT. 320
POMPANO BCH, FL 33069

New Mailing Address:

FEI Number: 20-8883605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORNES, SHARON T
2316 CYPRESS BEND DR.SOUTH, APT. 320
POMPANO BCH, FL 33069 US

Name and Address of New Registered Agent:

FORNES, SHARON T
2217 E. ATLANTIC BLVD.
POMPANO BCH, FL 33062 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDONALD, DEBBIE
Address: 9625 SHADOWOOD CT.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD () Delete
Name: DEGRACE, NICOLE
Address: 3335 NW 47TH AVE., APT. 3248
City-St-Zip: COCONUT CREEK, FL 33063

Title: DST () Delete
Name: FORNES, SHARON T
Address: 2316 CYPRESS BEND DR.SOUTH, APT. 320
City-St-Zip: POMPANO BCH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DEGRACE, NICOLE
Address: 2790 N.W. 29 ST.
City-St-Zip: OAKLAND PARK, FL 33311

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: SHARON T. FORNES

DST

03/20/2009

Electronic Signature of Signing Officer or Director

Date