2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 11, 2008 8:00 am Secretary of State

DOCUMENT # N0700006803 1. Entity Name BEAR CREEK FELINE CENTER, INC.				08-11-2008	90122 036 ****	61.25	
Principal Place of Business 8822 TRACY WAY PANAMA CITY, FL 32404	Mailing Address 8822 TRACY WAY PANAMA CITY, FL 3240)4					
2. Principal Place of Business - No P.O. Box # 3	. Mailing Address						
			1 1881(181 811 8811		MM148 MM211F WITH 1 THILE SULDS	E E 	
Suite, Apt. #, etc. Suite, Apt. #, etc.			08042008	Chg-NP	CR2E037 (12/06)		
City & State City & State			4. FEI Number	-0727		pplied For ot Applicable	
Zip Country	Zip	Country	5. Certificate of S		\$8.75 Add	ditional	
6. Name and Address of Current Reg	Istered Agent		7. Name and Ad	Idress of New Re	<u>.</u>		
BROADDUS, JAMES E		Name					
8822 TRACY WAY PANAMA CITY, FL 32404		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
		-			1-2		
		City			FL Zip Cod		
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its r	registered office or regis	stered agent, or both, i	in the State of Flor	rida. I am familiar with, I	and accept	
SIGNATURE Signature, need or photogene guegastered agent and to	le if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	8	06 08	<u> </u>	
Filing Fee is \$61.25				1			
Due by September 12, 2008	Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	1	ike check payable t da Department of S		
Due by September 12, 2008 10. OFFICERS AND DIRECT	Trust Fund Co		Added to Fees	Flori		tate	
10. OFFICERS AND DIRECTIFIE INTEE NAME BROADDUS, JR., JAMES E STREET ADDRESS 8822 TRACY WAY	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Flori	da Department of S	tate	
10. OFFICERS AND DIRECT IIILE D BROADDUS, JR., JAMES E	Trust Fund Co	ontribution. 11, TITLE NAME	Added to Fees	Flori	da Department of S	I 10 Addition	
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indicated on this report or supplied war first structure 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 of 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

850-712-991

Daytime Phone #