

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007854

FILED
May 06, 2008
Secretary of State

Entity Name: FELINE-N-FEATHERS S, FL RESCUE, INC.

Current Principal Place of Business:

3420 NE 11TH TERRACE
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

3420 NE 11TH TERRACE
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 26-0690564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVID A. ARONSON, CPA, P.A.
1000 NE 176TH STREET
NORTH MIAMI BEACH, FL 33162 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: DP () Delete
Name: DANIELSON, BETH A
Address: 3420 NE 11TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: DVP () Delete
Name: HAYNES, DEIRDRE X
Address: 279 NE 41ST COURT
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: DT () Delete
Name: ARONSON, DAVID A
Address: 1000 NE 176TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: NELSON, RUDD
Address: 2850 EAST COMMERCIAL BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D () Delete
Name: CARLSON, KENNETH R
Address: 1002 EAST NEWPORT CENTER DRIVE, SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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:

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: BETH A DANIELSON

DP

05/06/2008

Electronic Signature of Signing Officer or Director

Date