

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007854

**FILED**  
**Apr 30, 2012**  
**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 ( )**

**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  
**Name:** DANIELSON, BETH A  
**Address:** 3420 NE 11TH TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33064 US

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

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

**Title:** D  
**Name:** BRAUN, MICHAEL DVM  
**Address:** 1505 NORTH STATE ROAD 7  
**City-St-Zip:** MARGATE, FL 33063 US

I hereby 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 all other like empowered.

**SIGNATURE:** BETH A DANIELSON

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date