

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009922

FILED
Apr 29, 2009
Secretary of State

Entity Name: KAT RANCH RESCUE, INC.

Current Principal Place of Business:

4120 CULBREATH ROAD
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

4120 CULBREATH ROAD
BROOKSVILLE, FL 34602

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number: 26-1222432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNIS, NATALIE C
201 NORTH FRANKLIN STREET SUITE 2000
TAMPA, FL 33602 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: STD () Delete
Name: GLOVER, M. KATHERINE
Address: 4120 CULBREATH ROAD
City-St-Zip: BROOKSVILLE, FL 34603

Title: PD () Delete
Name: ROBISON, ROB W
Address: 4120 CULBREATH ROAD
City-St-Zip: BROOKSVILLE, FL 34603

Title: D () Delete
Name: MESSINA, SAL
Address: 4120 CULBREATH ROAD
City-St-Zip: BROOKSVILLE, FL 34603

Title: D () Delete
Name: MESSINA, SUNDAY
Address: 4120 CULBREATH ROAD
City-St-Zip: BROOKSVILLE, FL 34603

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: ROB ROBISON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date