

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011122

Entity Name: FERAL FANCIERS, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

5205 DEESON PT BLVD
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

5205 DEESON PT BLVD
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 32-0225046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, YOLIE
5205 DEESON PT BLVD
LAKELAND, FL 33805 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: P () Delete
Name: LINGARD, BONNIE
Address: 1705 GREENWOOD RD
City-St-Zip: LAKELAND, FL 33805

Title: VP () Delete
Name: RODRIGUEZ, YOLIE
Address: 5205 DEESON PT BLVD
City-St-Zip: LAKELAND, FL 33805

Title: ST () Delete
Name: HOOVER, LESLIE
Address: 710 W. SOCRUM LOOP #11
City-St-Zip: LAKELAND, FL 33809

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:

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: LESLIE HOOVER

ST

01/20/2009

Electronic Signature of Signing Officer or Director

Date