

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008190

FILED
Apr 19, 2009
Secretary of State

Entity Name: ISLAND CAT FERAL RESCUE, INC

Current Principal Place of Business:

6796 SABLE PALM DR
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

6796 SABLE PALM DR
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 80-0270695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTKIEWICZ, PAUL D MS
6796 SABAL PALM DR
ST AUGUSTINE, FL 32086 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: PT () Delete
Name: BUTKIEWICZ, PAUL D MS
Address: 6796 SABLE PALM DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S () Delete
Name: OAKES, CAROL LEE
Address: 6796 SABLE PALM DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT/D (X) Change () Addition
Name: BUTKIEWICZ, PAUL D MS
Address: 6796 SABLE PALM DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S/D (X) Change () Addition
Name: OAKES, CAROL LEE
Address: 6796 SABLE PALM DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Change (X) Addition
Name: HOFF, LISA
Address: 4100 TALL TREES LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Change (X) Addition
Name: BUCKNER, DEBORAH DVM
Address: 1050 SR 206 EAST
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Change (X) Addition
Name: ECCLESTON, VICKIE
Address: 1050 SR 206 EAST
City-St-Zip: ST AUGUSTINE, FL 32086

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: PAUL D BUTKIEWICZ, MS

PT/D

04/19/2009

Electronic Signature of Signing Officer or Director

Date