

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010645

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** KITTY-CAT HOMEFINDERS, INC.

**Current Principal Place of Business:**

489 SW COLLEGE PARK ROAD  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

489 SW COLLEGE PARK ROAD  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 27-0898389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, CHERYL A  
489 SW COLLEGE PARK ROAD  
PORT ST LUCIE, FL 34953 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:** POWERS, CHERYL A  
**Address:** 489 SW COLLEGE PARK ROAD  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** DV  
**Name:** POWERS, KEVIN L  
**Address:** 489 SW COLLEGE PARK ROAD  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** DS  
**Name:** SUMMERS, MARCELLA J  
**Address:** 1600 8TH AVE UNIT 514 BLAIR TOWER  
**City-St-Zip:** ALTOONA, PA 16602

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:** KEVIN POWERS

VP

04/11/2012

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

\_\_\_\_\_  
Date