

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N46996

1. Entity Name

FERAL CAT RESCUE AND REHABILITATION INC.



Principal Place of Business

% NORINA J. KANTON
18490 SW 83 COURT
MIAMI FL 33157

Mailing Address

% NORINA J. KANTON
18490 SW 83 COURT
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0419010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANTON, NORINA J.
18490 SW 83 CT.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. PFD OFFICERS AND DIRECTORS

TITLE NAME KANTON, NORINA J. ☐ Delete
STREET ADDRESS 18490 S.W. 83 CT.
CITY-STATE-ZIP MIAMI FL 33157-7312
VPD

TITLE NAME WOLFE, MARCIA ☐ Delete
STREET ADDRESS 10383 N. KENDALE, APT. N-6
CITY-STATE-ZIP MIAMI FL 33176
SD

TITLE NAME KLIMEK, ANTIA ☐ Delete
STREET ADDRESS 9320 S.W. 78 ST.
CITY-STATE-ZIP MIAMI FL 33176

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 1100000378000
CITY-STATE-ZIP 03/09/05-80001-005 61.25

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]