

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46996

FILED  
Sep 17, 2009  
Secretary of State

**Entity Name:** FERAL CAT RESCUE AND REHABILITATION INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0419010      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: PFD      ( ) Delete  
Name: KANTON, NORINA J  
Address: 18490 S.W. 83 CT.  
City-St-Zip: MIAMI, FL 331577312

Title: VPD      ( ) Delete  
Name: WOLFE, MARCIA  
Address: 10383 N. KENDALE, APT. N-6  
City-St-Zip: MIAMI, FL 33176

Title: SD      ( ) Delete  
Name: KLIMEK, ANTIA  
Address: 9320 S.W. 78 ST.  
City-St-Zip: MIAMI, FL 33176

**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: NORINA KANTON

MS

09/17/2009

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

\_\_\_\_\_  
Date