FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47648** (3)

1. Corporation Name

THE ROWE'S ORPHANAGE FOR CATS AND KITTENS, INC.

Principal Place of Business
2191 BUSH STREET
PENSACOLA FL 32534
US

Mailing Address
2288A SPARROW LANE
PENSACOLA FL 32534
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-3042656 — Applied For / Not Applicable
5. Certificate of Status Desired [x] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [x] No

9. Name and Address of Current Registered Agent

ROWE, LELA
2288-A SPARROW LANE
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lela Rowe* NA LR — *~~January 19, 1996~~* NA LR
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	ROWE, LELA	
STREET ADDRESS	2288-A SPARROW LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	[ ] DELETE
NAME	VAN HORNE, FRANKIE	
STREET ADDRESS	901 WILLIAMS DITCH ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	[ ] DELETE
NAME	SKILMAN, SANDY	
STREET ADDRESS	3600 RIVERWOODS LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	[x] Change [ ] Addition
3.2 NAME	SKILMAN, Sandy	
3.3 STREET ADDRESS	2204 Tate Road	
3.4 CITY-ST-ZIP	CANTONMENT, FL 32533	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lela Faye Rowe* Lela Faye Rowe 1/19/96 (904)478-8507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR