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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48111 (1)

1. Corporation Name

HELPING HOMELESS CATS, INC.



Principal Place of Business

Mailing Address

VAUGHN BLDG  
SUITE 7  
TAVERNIER FL 33070  
USC/O MARY JANE RODBERG  
P O BOX 81  
TAVERNIER FL 33070-0081  
US3. Date Incorporated or Qualified  
03/30/19923a. Date of Last Report  
07/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Helping Homeless Cats, Inc.  
P.O. Box 81  
Tavernier FL 33070  
305-852-3739

27

28

29

Zip

Country

30

4. FEI Number  
65-0333032Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLKOWSKY, JOESPH B  
89240 OVERSEAS HIGHWAY #1  
TAVERNIER FL 33070

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

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 DP  
NAME RODERG, MARY JANE  
STREET ADDRESS 199 KAHIKI DR  
CITY-ST-ZIP TAVERNIER FL

DELETE

TITLE VD  
NAME SPRIGGS, GLORIA  
STREET ADDRESS 222 CORAL RD  
CITY-ST-ZIP ISLAMORADA FL

DELETE

TITLE TD  
NAME HOFERT, GAIL MARIE  
STREET ADDRESS 151 KAHIKI DR  
CITY-ST-ZIP TAVERNIER FL

DELETE

TITLE SD  
NAME MIDDLEMISS, JILL  
STREET ADDRESS 1306 ALMAY ST  
CITY-ST-ZIP KEY LARGO FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME RODBERG, MARY JANE  
1.3 STREET ADDRESS 199 KAHIKI DRIVE  
1.4 CITY-ST-ZIP TAVERNIER, FLORIDA 33070

Change Addition

2.1 TITLE D.P.  
2.2 NAME JOSEPH WOLKOWSKY  
2.3 STREET ADDRESS 185 COCONUT ROW  
2.4 CITY-ST-ZIP TAVERNIER, FL 33070

Change Addition

3.1 TITLE D.S.T.  
3.2 NAME GAIL MARIE RODBERG  
3.3 STREET ADDRESS 199 KAHIKI DR.  
3.4 CITY-ST-ZIP TAVERNIER, FL 33070

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-97 305-852-3739

Date

Daytime Phone # 0025944

CP2E037 (9/96)