

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001799 (5)

1. Corporation Name

HELPING CATS AND KITTENS OF THE FLORIDA KEYS, IN
C.

Principal Place of Business

Mailing Address

130 LOWE ST
TAVERNIER FL 33070
USP.O. BOX 1777
TAVERNIER FL 33070-17773. Date Incorporated or Qualified
04/08/19943a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0490851

Applied 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

d. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRASSIA, ANNA
130 LOWE ST
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVD ☐ DELETE
NAME GRASSIA, ANNA MAE
STREET ADDRESS 130 LOWE ST.
CITY-ST-ZIP TAVERNIER FL 330701.1 TITLE D GRASSIA, ANNA MAE ☒ Change ☐ Addition
1.2 NAME PRESIDENT/TREASURER
1.3 STREET ADDRESS 130 LOWE ST.
1.4 CITY-ST-ZIP TAVERNIER, FL 33070TITLE PD ☒ DELETE
NAME LEE, BARBARA G
STREET ADDRESS 29 BOWEN ROAD
CITY-ST-ZIP KEY LARGO FL 330372.1 TITLE D VICE PRESIDENT ☒ Change ☒ Addition
2.2 NAME BETTY ANN CHIAVARINI
2.3 STREET ADDRESS 87465 Old Hwy.
2.4 CITY-ST-ZIP TAMARACA, FL 33036TITLE TD ☒ DELETE
NAME BOYLE, JANET L
STREET ADDRESS 29 BOWEN ROAD
CITY-ST-ZIP KEY LARGO FL 330373.1 TITLE D SECRETARY ☒ Change ☒ Addition
3.2 NAME DEBRA SMITH
3.3 STREET ADDRESS P.O. BOX 1487 52 SUNSET ROAD
3.4 CITY-ST-ZIP TAMARACA, FL 33036TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
KEY LARGO, FL 33037 ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Anna Mae Grassia, President 4/20/97 852-6369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026071

CP2E037 (9/96)