

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90013 034 \*\*\*\*61.25

**DOCUMENT # N94000001799**

1. Entity Name

**HELPING CATS AND KITTENS OF THE FLORIDA KEYS,  
INC.**



Principal Place of Business

**130 LOWE ST  
TAVERNIER FL 33070  
US**

Mailing Address

**P.O. BOX 1777  
TAVERNIER FL 33070**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0490851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRASSIA, ANNA  
130 LOWE ST  
TAVERNIER FL 33070**

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 is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DPT  
GRASSIA, ANNA MAE  
130 LOWE ST.  
TAVERNIER FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
SHAW, CHARLES  
130 LOWE ST  
TAVERNIER FL 33070

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
JULIAN, JANE  
25331 1ST ST  
SUMMERLAND KEY FL 33042

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRESIDENT/TREASURER  
ANNA MAE GRASSIA  
130 LOWE ST.  
TAVERNIER, FL 33070

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VICE-PRESIDENT, SECRETARY  
ERIC ANDERSON  
125 RIVIERA DR.  
TAVERNIER, FL 33070

☐ Change

☒ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Anna Grassia, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 (305-896-1007)

Date

Phone #