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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003507 (0)**

1. Corporation Name

CAT WOMAN'S SHELTER, INCORPORATED

Principal Place of Business

Mailing Address

**2120 PRINCETON STREET
SARASOTA FL 34237**

**2120 PRINCETON STREET
SARASOTA FL 34237-3435**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1994		3a. Date of Last Report 08/27/1996	
21		26 P.O. Box 15604		4. FEI Number 65-0506532		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 Sarasota FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 34237		30 Sarasota	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAND, CATHY
2120 PRINCETON STREET
SARASOTA FL 34237**

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	DPT	1.1 TITLE	DIRECTOR
NAME	BRAND, CATHY	1.2 NAME	JULIE L. BYNUM
STREET ADDRESS	2120 PRINCETON STREET	1.3 STREET ADDRESS	4211-97TH AVE E
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	PARRISH FL 34219
TITLE	V	2.1 TITLE	Director
NAME	KUNICK, JAMES	2.2 NAME	Dr. Jean Mitchell
STREET ADDRESS	27 S. ORANGE AVENUE, SUITE 1	2.3 STREET ADDRESS	2915 South Court
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	Annapolis, MD 21401
TITLE	D	3.1 TITLE	DIRECTOR
NAME	RUSSELL, JEAN	3.2 NAME	CHRIS NIEDERPRUEM
STREET ADDRESS	1800 2ND STREET, SUITE 1	3.3 STREET ADDRESS	1311 LANDINGS DR
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	DS	4.1 TITLE	DIRECTOR
NAME	GORHAM, DEBRA	4.2 NAME	DAVID L. BOYETTE
STREET ADDRESS	230 AVENIDA MADERA	4.3 STREET ADDRESS	4775 COUNTRY MANOR DR
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	DIRECTOR	5.1 TITLE	Director
NAME	BECKY TITUS	5.2 NAME	Anesta Louhard
STREET ADDRESS	2000 MAIN ST, Rm 322	5.3 STREET ADDRESS	733 Oak Bend Way
CITY-ST-ZIP	SARASOTA, FL 34237	5.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	DIRECTOR	6.1 TITLE	
NAME	ELLIOTT METCALF	6.2 NAME	
STREET ADDRESS	2071 RINGING BLVD, 5th Flr	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	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: **Cathy Guil Brand** *Cathy Guil Brand* **4/20/97** **941-53-2280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0063322**

CR2E037 (9/96)