2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003507

Entity Name: CAT WOMAN'S SHELTER, INCORPORATED

FILED Aug 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2120 PRINCETON ST SARASOTA, FL 34237 US

Current Mailing Address: New Mailing Address:

PO BOX 15604

SARASOTA, FL 34277 US

FEI Number: 65-0506532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAND, CATHY 2120 PRINCETON STREET SARASOTA, FL 34237 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition

 Title:
 DVT
 () Delete
 Title:
 DPT
 (X)

 Name:
 BRAND, CATHY
 Name:
 BRAND, CATHY

Address: 2120 PRINCETON STREET Address: 2120 PRINCETON STREET
City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34237

Title: DS () Delete Title: D (X) Change () Addition

 Name:
 JACOBS, WILLIAM
 Name:
 JACOBS, WILLIAM

 Address:
 2120 PRINCETON STREET
 Address:
 2120 PRINCETON STREET

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34237

Title: DP () Delete Title: DVS (X) Change () Addition

 Name:
 MOSS, REX
 Name:
 HILER, KENNETH E

 Address:
 2120 PRINCETON ST
 2120 PRINCETON ST

 City-St-Zip:
 SARASOTA, FL 34237 US
 City-St-Zip:
 SARASOTA, FL 34237 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY BRAND DPT 08/30/2004