

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 1999 8:00 am
Secretary of State

02-10-1999 90032 048 ****61.25

DOCUMENT # N95000002200

1. Corporation Name

FELINE MANOR, INC.

Principal Place of Business

21251 OLD STATE RD., #4A
CUDJOE KEY FL 33042
US

Mailing Address

P.O. BOX 421007
SUMMERLAND FL 33042
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

05/08/1995

4. FEI Number

65-0581581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

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

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MADELEINE, LENORE
21251 OLD STATE RD
4A
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **P**
STREET ADDRESS **ELKINSON, EILLEN**
CITY-ST-ZIP **21251 OLD STATE ROAD #4A**
CUDJOE KEY FL

TITLE ☐ DELETE
NAME **VTS**
STREET ADDRESS **MADELEINE, LENORE**
CITY-ST-ZIP **21251 OLD STATE ROAD #4A**
CUDJOE KEY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BECKY BARRON**
CITY-ST-ZIP **31410 WARNER ST.**
BIG PINE KEY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HRVEY, JESSEE**
CITY-ST-ZIP **2770 N. ROOSEVELT BLVD**
KEY WEST FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SNOW, CARROLL**
CITY-ST-ZIP **2508 SELDENBERG AVENUE**
KEY WEST FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SNOW, VICKI**
CITY-ST-ZIP **2508 SELDENBERG AVENUE**
KEY WEST FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

305-745-3552
Daytime Phone #

CR2E037 (11/98)