

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000006002 (8)**

1. Corporation Name

SEVEN HILLS CAT FANCIERS, INC.



000001724620

-02/27/96--01018--007

Principal Place of Business

Mailing Address

2375 CENTERVILLE ROAD
TALLAHASSEE FL 32308

2375 CENTERVILLE ROAD
TALLAHASSEE FL 32308

3. Date Reported or Qualified
12/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 428 Collinsford Rd

26 Same

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tallahassee, Florida

28

24 Zip 32301

Country

29 Zip

Country

25 Leon

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOVER, RICHARD A
2375 CENTERVILLE ROAD
TALLAHASSEE FL 32308

81 Name Robert Gottschalk

82 Street Address (P.O. Box Number is Not Acceptable)
428 Collinsford Road

83

84 City Tallahassee, FL

FL

85 Zip Code 32308

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 *R. L. Gottschalk*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOMBLE, VELERA	
STREET ADDRESS	1695 CANADIAN GEESE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KLEIN, PATRICIA	
STREET ADDRESS	2307 MIRANDA AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOTTSCHALK, ROBERT	
STREET ADDRESS	428 COLLINSFORD ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Virginia Gottschalk, Virginia	
13 STREET ADDRESS	428 Collinsford Road	
14 CITY-ST-ZIP	Tallahassee, FL	
21 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Klein, Patricia	
23 STREET ADDRESS	2307 MIRANDA AVENUE	
24 CITY-ST-ZIP	Tallahassee, FL	
31 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gottschalk, Robert	
33 STREET ADDRESS	428 Collinsford Road	
34 CITY-ST-ZIP	Tallahassee, FL	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Klein, Walter	
43 STREET ADDRESS	2307 Miranda Avenue	
44 CITY-ST-ZIP	Tallahassee, Florida	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Booser, Ned	
53 STREET ADDRESS	1603 Seminole Dr.	
54 CITY-ST-ZIP	Tallahassee, FL	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Helmke, Charles	
63 STREET ADDRESS	7001 Gator Creek Blvd.	
64 CITY-ST-ZIP	Sarasota, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R. L. Gottschalk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

(904) 921-1069

Daytime Phone #

CR2E037 (12/95)

CMC
2/22/96