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Apr 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003022 (8)

1. Corporation Name

ALLBREED CAT FANCIERS OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

3908 WOOD GREEN WAY
TALLAHASSEE FL 32308

3908 WOOD GREEN WAY
TALLAHASSEE FL 32308-6804

3. Date Incorporated or Qualified
06/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-3412816

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

ROBERTS, CHERYL W
3908 WOOD GREEN WAY
TALLAHASSEE FL 32308

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 ☐ DELETE

NAME President

STREET ADDRESS Pat PARSONS

CITY-ST-ZIP 320 N. JACKSON STREET

QUINCY, FLORIDA 32351

TITLE ☐ DELETE

NAME VICE PRESIDENT

STREET ADDRESS GAY WADDELL

CITY-ST-ZIP 8263 CHICKASAW TRAIL

TALLAHASSEE FL. 32312

TITLE ☐ DELETE

NAME SECRETARY/TREASURER

STREET ADDRESS CHERYL W. ROBERTS

CITY-ST-ZIP 3908 Woodgreen Way

Tallahassee FL. 32308

TITLE ☐ DELETE

NAME BOARD OF DIRECTOR

STREET ADDRESS JILL WATSON

CITY-ST-ZIP 6609 OMAHA TRAIL

TALLAHASSEE FL. 32308

TITLE ☐ DELETE

NAME BOARD OF DIRECTOR

STREET ADDRESS JUANITA MANSELL

CITY-ST-ZIP 685 E. WASHINGTON STREET

MONTICELLO, FL. 32344

TITLE ☐ DELETE

NAME BOARD OF DIRECTOR

STREET ADDRESS EVELYN SPRINGER SMITH

CITY-ST-ZIP 817 MARGO STREET

TALLAHASSEE, FL. 32311

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: CHERYL W. ROBERTS, SECRETARY/TREAS.

4-15-97 904 892-11229

CR2E037 (9/96)