

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90394 037 ****70.00

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1. Entity Name
BIG CAT HABITAT/GULF COAST SANCTUARY, INC.



Principal Place of Business
**7100 PALMER ROAD
SARASOTA, FL 34240-4219**

Mailing Address
**3115 44TH ST.
SARASOTA, FL 34234**



2. Principal Place of Business - No P.O. Box #
7101 Palmer Blvd
Suite, Apt. #, etc.

3. Mailing Address
PO 50217
Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State
Sarasota, FL
Zip
34248 Country
USA

City & State
Sarasota, FL
Zip
34232 Country
USA

4. FEI Number
65-0659177 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, KAY P
3115 44TH ST.
SARASOTA, FL 34234-4216**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, KAY P	
STREET ADDRESS	3115 44TH ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	BROWN, CHRISTOPHER	
STREET ADDRESS	1121 SIRIUS TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	ROSS, DERRICK V	
STREET ADDRESS	3115 44TH ST	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	HENTE, GERRI	
STREET ADDRESS	1819 MAIN STREET STE 502	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOWERY, CLAYTON	
STREET ADDRESS	3115 44TH STREET	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	ROBERSON, LINDA L	
STREET ADDRESS	PO BOX 21355	
CITY-ST-ZIP	BRADENTON, FL 34203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #