



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003942 1. Entity Name PALM BEACH CAT RESCUE AND HUMANE SOCIETY, INCORPORATED						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 OCT 11 AM 8:00	
Principal Place of Business POST OFFICE BOX 867 PALM BEACH, FL 33480				Mailing Address POST OFFICE BOX 867 PALM BEACH, FL 33480			
2. Principal Place of Business		3. Mailing Address				04012004 Chg-NP CR2E037 (10/03) MRS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 65-0705845				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRADLEY, CATHERINE F 165 ROOT TRAIL PALM BEACH, FL 33480				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, KATHLEEN <input checked="" type="checkbox"/> Delete 208 FERN STREET WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">000041768550</div> <div style="text-align: center;">10/11/04--01017--006 ***61.25</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSSEAU, LILLIAN M <input type="checkbox"/> Delete 710 SOUTH COUNTY RD. PALM BEACH, FL 33480			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHLMAN, LAWRENCE <input type="checkbox"/> Delete 270 RIDGEVIEW DRIVE PALM BEACH, FL 33480			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRADLEY, CATHERINE F <input type="checkbox"/> Delete 165 ROOT TRAIL PALM BEACH, FL 33480			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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: Catherine F. Bradley (Pres.) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				CATHERINE F. BRADLEY 4/4/04 561-655-6111 <small>Date Daytime Phone #</small>			