

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005073

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** CAT RESCUE, INC.

**Current Principal Place of Business:**

6521 EAST TROPICAL WAY  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6521 EAST TROPICAL WAY  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0712309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOREM, SHERRY L  
6521 EAST TROPICAL WAY  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KIRWAN, KAREN  
Address: 5241 W. BROWARD BOULEVARD  
City-St-Zip: PLANTATION, FL 33317

Title: DST  
Name: NOREM, SHERRY  
Address: 6521 E. TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: DVP  
Name: BILOTTI, CAROL  
Address: 8709 SW 52 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY L. NOREM

DST

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date