## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N96000006059 (7)

CARE FELINE RESCUE, INC.

## FILED Jan 30 1998 8:00am Secretary of State

1/20/98

CARE FELINE RESCUE, INC.							11/16 1819 1311	
Principal Plac	e of Business	Mailing Address						
1123 W. HARVA		P.O. BOX 720832		3. Date incorporated or Qualified				
ORLANDO FL 32804		ORLANDO FL 32872-0832		11/25/1996				
					4. FEI Number		pplied For	
2. Principal P	face of Business	2a. Mailing Address			59-3419640		ot Applicable	
	Locust Ave	917 Locust Ave.			5. Certificate of Status Desired		Additional equired	
Suite, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	<u> </u>	
22		27			Trust Fund Contribution	Added to		
City & State 23 Orlando , FL		City & State Or lando , FL		7. Is this nonprofit corporation a homeowners association?				
Zip 3280	Country	Zip 2800	Zip Country 32809 30 Orange		8. This corporation owes or has paid the current year Intangible			
<sub>24</sub> 3280	(25)	120;	<sub>30</sub> Ura	90	Personal Property Tax due June 30.  10. Name and Address of New Registere		No No	
81 Nama								
IONES	DIANE				Constance Graham			
JONES,	HARVARD STREET		82	2 Street Ad	idress (P.O. Box Number is Not Acceptable) 917 Locust Ave.			
ORLAND		83	3					
0.10.110			84	City		85 Zip.	Code	
				1	Orlando <b>F</b>		1809 1808	
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 13 milliar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
agent. I am ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE .	Collegance >	Trakam	/ Co	onstanc	e Graham, President	1/20/	98	
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	gent signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT		S IN 12	
TITLE	P	DELETE	1.1 TITLE			☐ Change	X Addition	
NAME	JONES, DIANE		1.2 NAME		President			
STREET ADDRESS	1123 W. HARVARD STREET		1.3 STREET ADDRESS		Constance Graham			
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY - ST - ZIP		917 Locust Ave. , Orlando, FL 32809			
TITLE	V	X DELETE	2.1 TITLE		Ý−P	XI Change	Addition	
NAME	GETZ, CAREY		2.2 NAME		Debbie Hurst 2014 Harrell Rd	•		
STREET ADDRESS	7726 PINE HOLLOW COURT			T ADDRESS				
CITY-ST-ZIP TITLE	7419		2. 4 CITY- 3.1 TITLE	-ST-ZIP	Orlando, FL 32817	☐ Change	X Addition	
NAME		M ottett	3.7 IIILE		Sec./Tres	onange	MT WOULD!!	
STREET ADDRESS	CURCIO, DEBBIE 4421 WINDERWOOD CIRCLE			T ADDRESS	Barbara J. Logan			
CITY-ST-ZIP	ORLANDO FL 32835		3.4. CITY-		1316 1/2 N. Ferncreek Orlando, FL 32803			
TITLE	D	DELETE	4,1 TITLE		01 Tando; 1E 32803	Change	Addition	
NAME	ESCOBEDO, KIM		4, 2 NAME	<u>.</u>	Kim Escobedo			
STREET ADDRESS	1756 PAM CIRCLE		4.3 STREE	T ADDRESS	1756 Pam Circle			
CITY-ST-ZIP	ORLANDO FL 32809		4,4 CITY-	ST-ZIP	Orlando, FL 32809			
TITLE	D	DELETE	5.1 TITLE		Jean Dell	Change	Addition	
NAME	Hurst, Debbie		5.2 NAME					
STREET ADDRESS	2014 HARRELL ROAD		5.3 STREE	T ADDRESS	88 N West Christmas Rd			
CITY-ST-ZIP	ORLANDO FL 32817		5.4 CITY -		Christmas, FL 32709	Change	- Catalitica	
TITLE		☐ DELETE	6.1 TITLE	- 1		L Change	Addition	
NAME			6.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify fo	6.4 CITY-: or the exemp	otion 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 acc	urate and the	nat my signa	ture shall have the same legal effect as if made i	under oath; tha	at I am an pears in	
Block 12	14. 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 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?							