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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

339553 - 90118 - 29

DOCUMENT # N96000006059

1. Corporation Name

CARE FELINE RESCUE, INC.

Principal Place of Business	Mailing Address
917 LOCUST AVE ORLANDO FL 32809 US	917 LOCUST AVE ORLANDO FL 32809 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 11/25/1996

4. FEI Number: 59-3419640 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

GRAHAM, CONSTANCE
917 LOCUST AVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, CONSTANCE		1.2 NAME		
STREET ADDRESS	917 LOCUST AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32850		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	Board Member AT LARGE	☐ Change ☒ Addition
NAME	HURST, DEBBIE		2.2 NAME	LISA FREEMAN	
STREET ADDRESS	2014 HARRELL RD		2.3 STREET ADDRESS	1421 SILVERTHORN DR.	D
CITY-ST-ZIP	ORLANDO FL 32817		2.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOGAN, BARBARA J		3.2 NAME		
STREET ADDRESS	1316 1/2 N FERNCREEK		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	~~Board Member at Large~~	☐ Change ☒ Addition
NAME	ESCOBEDO, KIM		4.2 NAME	JACQUELINE POWERS	
STREET ADDRESS	1756 PAM CIRCLE		4.3 STREET ADDRESS	1123 CARRELL DR.	D
CITY-ST-ZIP	ORLANDO FL 32809		4.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	☐ DELETE	5.1 TITLE	VP - Vice President	☒ Change ☐ Addition
NAME	DELL, JEAN		5.2 NAME	VP	
STREET ADDRESS	88 N WEST CHRISTMAS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL 32709		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Board Member AT LARGE	☐ Change ☒ Addition
NAME			6.2 NAME	SHARON BUTCHER	
STREET ADDRESS			6.3 STREET ADDRESS	3719 PILES OF CLOWAY	D
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORLANDO, FL 32808	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Barbara J. Logan BARBARA J. LOGAN 3/4/99 (407) 292-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #