

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90035 014 \*\*\*\*70.00

DOCUMENT # N96000006059

1. Entity Name  
CARE FELINE RESCUE, INC.



Principal Place of Business  
1421 SILREETHORN DR.  
ORLANDO, FL 32825 US

Mailing Address  
1421 SILREETHORN DR.  
ORLANDO, FL 32825 US

4004300



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3419640

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, LISA  
1421 SILREETHORN DR.  
ORLANDO, FL 32825  
*1421 Silverthorn Dr.  
Orlando, FL 32825*

**DO NOT WRITE  
IN THIS SPACE**

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 *Lisa Freeman*

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

(NOTE: Registered Agent signature required when registering)

*02-29-08*

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees ☒

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FREEMAN, LISA  
STREET ADDRESS 1421 SILVERTHORN DR.  
CITY-ST-ZIP ORLANDO, FL 32817 *Orlando, FL 32825*

TITLE *Director*  
NAME *Sandra Rogers*  
STREET ADDRESS *1823 Hites Ct*  
CITY-ST-ZIP *ORLANDO, FL 32809* *Orlando, FL 32818*

TITLE VP  
NAME DELL, JEAN  
STREET ADDRESS 88 N WEST CHRISTMAS RD  
CITY-ST-ZIP CHRISTMAS, FL 32709

TITLE *Secretary*  
NAME SHAW, SUZAN  
STREET ADDRESS 2040 ST GEORGE AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE *Director*  
NAME *Carlene Nall*  
STREET ADDRESS *237 Linda Vista St.*  
CITY-ST-ZIP *DeBary, FL 32713*

TITLE *Director*  
NAME *Warren Steele*  
STREET ADDRESS *3641 Sickle St. Orlando, FL*  
CITY-ST-ZIP *32812*

**DO NOT WRITE  
IN THIS SPACE**

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: *Lisa Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


*02-29-08 407-841-2525*

Date

Daytime Phone #

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

DOCUMENT # N96000006059 1. Entity Name CARE FELINE RESCUE, INC.	
---	---

Principal Place of Business 1421 SILREETHORN DR. ORLANDO, FL 32825 US	Mailing Address 1421 SILREETHORN DR. ORLANDO, FL 32825 US
---	---

DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3419640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FREEMAN, LISA 1421 SILREETHORN DR. ORLANDO, FL 32825	DO NOT WRITE IN THIS SPACE
---	-------------------------------

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: Lisa Freeman (NOTE: Registered Agent signature required when registering) DATE: 02-29-08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FREEMAN, LISA 1421 SILVERTHORN DR. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOGAN, BARBARA J 914 LOCUST AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DELL, JEAN 88 N WEST CHRISTMAS RD CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAW, SUZAN 2040 ST GEORGE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director CAROL Needham 1034 Windmill Grove Cir Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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: Lisa Freeman DATE: 02-29-08 407-841-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR