

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006059

FILED
Apr 30, 2010
Secretary of State

Entity Name: CARE FELINE TNR, INC.

Current Principal Place of Business:

1421 SILVERTHORN DR.
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

1421 SILVERTHORN DR.
ORLANDO, FL 32825 US

New Mailing Address:

FEI Number: 59-3419640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, LISA
1421 SILVERTHORN DR.
ORLANDO, FL 32825 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: P
Name: CRANIS, MELISSA
Address: 6418 HAUGHTON LN
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: ROGERS, SANDRA
Address: 1823 HITES CT
City-St-Zip: ORLANDO, FL 32818

Title: VP
Name: DELL, JEAN
Address: 88 N WEST CHRISTMAS RD
City-St-Zip: CHRISTMAS, FL 32709

Title: T
Name: FREEMAN, LISA
Address: 1421 SILVERTHORN DR
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: CARLENE, NALL
Address: 237 LINDA VISTA ST.
City-St-Zip: DEBARY, FL 32713

Title: S
Name: WALKER, DONNA
Address: 2476 BROOKSHIRE AVE.
City-St-Zip: WINTER PARK, FL 32792

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: LISA FREEMAN

T

04/30/2010

Electronic Signature of Signing Officer or Director

Date