

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2004
Secretary of State**

DOCUMENT# N97000000234

Entity Name: GASPARILLA FELINE FRIENDS, INC.

Current Principal Place of Business:

505 2ND AVE
MELBOURNE, FL 32951

New Principal Place of Business:

505 2ND AVE
MELBOURNE BEACH, FL 32951

Current Mailing Address:

505 2ND AVE
MELBOURNE, FL 32951

New Mailing Address:

505 2ND AVE
MELBOURNE BEACH, FL 32951

FEI Number: 59-3425381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELFATTO, DIANA C
505 2ND AVE
MELBOURNE, FL 32951

Name and Address of New Registered Agent:

BELFATTO, DIANA C
505 2ND AVE
MELBOURNE BEACH, FL 32951

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: DIANA C. BELFATTP

04/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BELFATTO, ROBERT
Address: 505 2ND AVE
City-St-Zip: MELBOURNE BEACH, FL

Title: STD () Delete
Name: BELFATTO, DIANA C
Address: 505 2ND AVE
City-St-Zip: MELBOURNE BEACH, FL

Title: D () Delete
Name: BELFATTO, LISA
Address: 300 S PALM AVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BELFATTO, LISA
Address: 1348 ETHEL CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANA C. BELFATTO

DR

04/22/2004

Electronic Signature of Signing Officer or Director

Date