

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90151 037 ****61.25

DOCUMENT # N97000004455

1. Entity Name
SPACE COAST FELINE NETWORK, INC.



Principal Place of Business
**138 E LEON LANE
COCOA BCH, FL 32931 US**

Mailing Address
**P O BOX 624
COCOA, FL 32923 US**

50009038



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3463890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARER, KATHLEEN F
138 E LEON LANE
COCOA BEACH, FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DEBRA, RICH
STREET ADDRESS 3555 ASPEN WAY
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE T ☐ Delete
NAME HOLLY, KRIEGSMAN
STREET ADDRESS 446 WENTHROP CIR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Kathleen Harer
STREET ADDRESS 139 E Leon Ln
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE Treasurer ☒ Change ☐ Addition
NAME Elizabeth Norwood-Fields
STREET ADDRESS 1330 Plum
CITY-ST-ZIP Merritt Is FL 32952

TITLE Secretary ☐ Change ☒ Addition
NAME Mary McKenzie
STREET ADDRESS 2616 Ridgewood Ave
CITY-ST-ZIP Cape Canaveral FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 612, 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:

Mary W. McKenzie *Mary W. McKenzie* 4/1/06 321-799-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #