2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N97000004455

Entity Name: SPACE COAST FELINE NETWORK, INC.

Current Principal Place of Business:

138 E LEON LANE
COCOA BCH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 624
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-3463890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARER, KATHLEEN F
138 E LEON LANE
COCOA BEACH, FL 32931 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 ( ) Delete
Name: HARER, KATHLEEN
Address: 139 EAST LEON LN
City-St-Zip: COCOA BEACH, FL 32931 US

Title: T ( ) Delete
Name: NORWOOD-FIELDS, ELIZABETH
Address: 1330 PLUM
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S ( ) Delete
Name: QUIERTE, MACKENZIE
Address: 594 TUPELO DR
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARER, KATHLEEN
Address: 138 EAST LEON LN
City-St-Zip: COCOA BEACH, FL 32931 US

Title: T (X) Change ( ) Addition
Name: NORWOOD-FIELDS, ELIZABETH
Address: 1330 PLUM AVE
City-St-Zip: MERRITT ISLAND, FL 32952 US

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

Title: VP ( ) Change (X) Addition
Name: GOAD, SANDY
Address: 148 ALHAMBRA ST
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIZABETH A NORWOOD-FIELDS TREA 01/12/2009

Electronic Signature of Signing Officer or Director — Date