


FILE NOW: FILING FEE IS \$61.25

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90082 049 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N9806600280					
1. Corporation Name FELINE RESCUE ADOPTION PROG., INC. 818 MARGARET ST. JAX, FL. 32204					
Principal Place of Business SAME			Mailing Address SAME		

2. Principal Place of Business 21 818 MARGARET ST. Suite, Apt. #, etc. N/A City & State JAX. FLA Zip 32204 Country USA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. N/A City & State N/A Zip — Country —		3. Date Incorporated or Qualified 7/25/97	
		4. FEI Number 59-3459694		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SHARON M. CLARK 2243 POST. ST. JAX, FL. 32204 904-387-2953				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sharon M. Clark DATE 3/30/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Director
STREET ADDRESS		1.3 STREET ADDRESS	Theresa Reston
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1364 LaClade Ave Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Director
STREET ADDRESS		2.3 STREET ADDRESS	Sue Brown
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1364 LaClade Ave Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dir. Leigh Williams
STREET ADDRESS		3.3 STREET ADDRESS	8250 JUSTIN PL JAX 32210
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JAX 32210
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Dir. Rebecca Brown
STREET ADDRESS		4.3 STREET ADDRESS	2941 CHEROKEE AV. APT. 3 JAX. 32210
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JAX. 32210
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon M. Clark DATE 3/30/99 DAYTIME PHONE # 904-387-2953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON M. CLARK, R.A

CR2E037- (1/198)