~~2000 UNIFORM BUSINESS REPORT (UBR)~~ NP 6/9/00

# FILED
## Jul 11, 2000 8:00 am
## Secretary of State
06-09-2000 90040 019 ****61.25

DOCUMENT # N00000002700

1. Entity Name
FELINE RESCUE ADOPTION PROGRAM, INC
818 MARGARET ST., JAX., FL. 32204

Principal Place of Business
818 MARGARET ST.
JAX., FL. 32204

Mailing Address
Same

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
818 Margaret St
Suite, Apt. #, etc.
N/a
City & State
JAX, FL.
Zip 32204 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3459694 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SHARON M. CLARK
2243 POST ST.
JAX., FL 32204

7. Name and Address of New Registered Agent
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.

SIGNATURE Sharon M. Clark 6/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
After MAY 1 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TERESA RENFROE, DIR. 1364 LACREDE RD. JAX., FL. 32205 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SUE BROWN, DIR. 1364 LACREDE RD JAX, FL. 32205 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Leigh WILLIAMS, DIR 8250 JUSTIN PL. JAX., FL. 32210 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REBECCA BROWN, DIR 2941 CHEROKEE RD. Apt 3 JAX. 32210 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JOYCE DEVILLEZ, DIR. 1614 EDGEWOOD RD. S. JAX., FL. 32210 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | YVONNE GARBEE, DIR. 1356 WILLOW BRANCH RD. JAX, 32205 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SHARON M. CLARK, SEC, TREA. R.A. 2243 POST ST. JAX 32204 ☐ Change ☐ Addition |

CR2E034 (9/11)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sharon M. Clark (SHARON M. CLARK) 5/22/00 904-387-29[illegible]53
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #