2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# N98000000280

Entity Name: FELINE RESCUE ADOPTION PROGRAM, INC.

Current Principal Place of Business:

818 MARGARET STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

818 MARGARET STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3459694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, SHARON
2243 POST STREET
JACKSONVILLE, FL 32204

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: PRA ( ) Delete
Name: CLARK, SHARON
Address: 2243 POST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: MAWER, NOEL
Address: 2875 SYDNEY ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: WILLIAM, LEIGH
Address: 2644 KENWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: CLARK, NORA
Address: 5064 ATTLEBORO AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: BEDORE, JIM
Address: 2241 POST ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: DEVIZZEZ, JOYCE
Address: 1614 EDGEWOOD AVE. SO.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: SHARON M. CLARK PRES 05/04/2004

Electronic Signature of Signing Officer or Director — Date