

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90139 044 ****69.50

DOCUMENT # N98000000280

1. Entity Name

FELINE RESCUE ADOPTION PROGRAM, INC.



Principal Place of Business

**818 MARGARET STREET
JACKSONVILLE FL 32204**

Mailing Address

**818 MARGARET STREET
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3459694**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CLARK, SHARON
2243 POST STREET
JACKSONVILLE 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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRA	<input type="checkbox"/> Delete
NAME	CLARK, SHARON	
STREET ADDRESS	2243 POST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAWER, NOEL	
STREET ADDRESS	2875 SYDNEY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, LEIGH	
STREET ADDRESS	2644 KENWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, NORA	
STREET ADDRESS	5064 ATTLEBORO AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Jim Bedore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2241 POST ST	
STREET ADDRESS	JAX, FL 32204	
CITY-ST-ZIP		
TITLE	D Joyce DeVine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1614 Edgewood Ave	
STREET ADDRESS	JAX, FL 32205	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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: *Sharon M. Clark* **3/27/03 387-0838**

CR2E037 (10/02)