

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002474

**FILED**  
**Aug 04, 2004**  
**Secretary of State****Entity Name:** FEATHERED FRIENDS ADOPTION AND RESCUE, INC.**Current Principal Place of Business:**222 SW DILLON CT.  
PORT SAINT LUCIE, FL 34953 US**New Principal Place of Business:**5202 PINETREE DRIVE  
FT PIERCE, FL 34982 US**Current Mailing Address:**222 SW DILLON CT.  
PORT SAINT LUCIE, FL 34953 US**New Mailing Address:**5202 PINETREE DRIVE  
FT. PIERCE, FL 34982 US**FEI Number:** 59-3435484**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SLATON, JODI  
222 SW DILLON CT.  
PORT SAINT LUCIE, FL 34953 US**Name and Address of New Registered Agent:**SLATON, JODI  
5202 PINETREE DRIVE  
FT. PIERCE, FL 34982 US

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: JODI E. SLATON

08/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SLATON, JODI E  
Address: 222 SW DILLON CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DT ( ) Delete  
Name: DUNN, PATRICIA A  
Address: 222 SW DILLON CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DT ( ) Delete  
Name: DUNN, JAMES P  
Address: 2932 BIRTLE CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SLATON, JODI E  
Address: 5202 PINETREE DRIVE  
City-St-Zip: FT. PIERCE, FL 34982

Title: DT (X) Change ( ) Addition  
Name: DUNN, PATRICIA A  
Address: 5202 PINETREE DRIVE  
City-St-Zip: FT. PIERCE, FL 34982

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: JODI E. SLATON

DP

08/04/2004

Electronic Signature of Signing Officer or Director

Date