

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90088 003 ****70.00

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1. Entity Name

FEATHERED FRIENDS ADOPTION AND RESCUE, INC.



Principal Place of Business

**4610 ECSTASY CIRCLE
COCOA FL 32926
US**

Mailing Address

**4610 ECSTASY CIRCLE
COCOA FL 32926
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

222 SW Dillon Ct

Suite, Apt. #, etc.

222 SW Dillon Ct

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

Zip

34953

Country

USA

Zip

34953

Country

USA

6. Name and Address of Current Registered Agent

**HORTON, AUDREE
4610 ECSTASY CIRCLE
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **Jodi Slaton & Patricia Dunn**

Street Address (P.O. Box Number is Not Acceptable)

222 SW Dillon Ct

City **Port St. Lucie**

FL

Zip Code **34953**

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 **Jodi Slaton** **Patricia A. Dunn**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-03

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

TITLE **DP** ☒ Delete
NAME **HORTON, AUDREE**
STREET ADDRESS **4610 ECSTASY CIRCLE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **DT** ☒ Delete
NAME **ALLEN, GRACE**
STREET ADDRESS **201 INTERNATIONAL DR. #125**
CITY-ST-ZIP **CAPE CANAVERAL FL 32926**

TITLE **DS** ☒ Delete
NAME **STACY, BRENDA**
STREET ADDRESS **678 BRISBANE ST. NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **JODI E. Slaton**
STREET ADDRESS **222 SW Dillon Ct**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE **DT** ☐ Change ☒ Addition
NAME **Patricia A. Dunn**
STREET ADDRESS **222 SW Dillon Ct**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE **DT** ☐ Change ☒ Addition
NAME **James P. Dunn**
STREET ADDRESS **2932 Birtle Ct**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **Jodi Slaton** **Patricia A. Dunn**

3-1-03

CR2E037 (10/02)