


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90108 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003981					
1. Corporation Name ALLEY CAT RESCUE, INC.					
Principal Place of Business 5830 HAGERMAN ROAD SARASOTA FL 34232			Mailing Address 5830 HAGERMAN ROAD SARASOTA FL 34232		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0810735	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name WESSELS, LAUREL			82 Street Address (P.O. Box Number is Not Acceptable) 5830 Hagerman Rd		
83 4442 MCINTOSH PARK DRIVE			84 City Sarasota		
84 SARASOTA FL 34232			85 Zip Code FL 34232		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			1.2 NAME Laurel Wessels		
STREET ADDRESS			1.3 STREET ADDRESS 5830 Hagerman Rd		
CITY-ST-ZIP			1.4 CITY-ST-ZIP Sarasota, FL 34232		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			2.2 NAME Ruth Wessels		
STREET ADDRESS			2.3 STREET ADDRESS 5830 Hagerman Rd		
CITY-ST-ZIP			2.4 CITY-ST-ZIP Sarasota, FL 34232		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			3.2 NAME Audrey Garrison		
STREET ADDRESS			3.3 STREET ADDRESS 1406 63rd St. W		
CITY-ST-ZIP			3.4 CITY-ST-ZIP Bradenton FL 34209		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME Jokeshivers		
STREET ADDRESS			4.3 STREET ADDRESS 405 Archibald Ave.		
CITY-ST-ZIP			4.4 CITY-ST-ZIP Sarasota, FL 34243		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME Linda Little		
STREET ADDRESS			5.3 STREET ADDRESS 6101 Clubside Dr.		
CITY-ST-ZIP			5.4 CITY-ST-ZIP Sarasota, FL 34243		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME Barbara Polluck		
STREET ADDRESS			6.3 STREET ADDRESS 2524 Colony Terrace		
CITY-ST-ZIP			6.4 CITY-ST-ZIP Sarasota FL 34232		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurel Wessels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

(941) 378-0233

Daytime Phone #

CR2E037 (11/98)