

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006808

Entity Name: FELINE FRIENDS OF DESTIN, INC.

FILED
Feb 24, 2004
Secretary of State

Current Principal Place of Business:

603 GULF SHORE DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 822
DESTIN, FL 325400822

New Mailing Address:

FEI Number: 59-3621829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCULLOUGH, SHAYNE
603 GULF SHORE DRIVE
DESTIN, FL 32541

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: DP () Delete
Name: MCCULLOUGH, SHAYNE
Address: 603 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: DVP () Delete
Name: KETCHERSID, JODI
Address: 4660 DESTINY WAY
City-St-Zip: DESTIN, FL 32541

Title: DS () Delete
Name: MDOSS, MARYETTA
Address: 340 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: DT () Delete
Name: LENENTINE, CHARLES
Address: 340 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: HOGG, HAMPTON
Address: 9525 HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: FLYNN, DOROTHY
Address: 4421 COMMONS
City-St-Zip: DESTIN, FL 32541

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: SHAYNE MCCULLOUGH

DP

02/24/2004

Electronic Signature of Signing Officer or Director

Date

STACEY MORTON
2013 PINE ISLAND CIRCLE
DESTIN, FL 32550

AMY PERRY
4477 LEGENDARY ROAD
DESTIN, FL 32542