2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006808

Entity Name: FELINE FRIENDS OF DESTIN, INC.

FILED Jan 23, 2005 Secretary of State

Current Principal Place of Business: 603 GULF SHORE DRIVE				New Principal Place of Business:		
DESTIN, F						
Current Mailing Address:			New Mail	New Mailing Address:		
PO BOX 822 DESTIN, FL 325400822						
FEI Number: 59-3621829 FEI Number Applied For () FEI Nu			FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name an					of New Registered Agent:	
603 GULF DESTIN, F		3	rpose of changing	its registere	ed office or registered agent, or both,	
in the State		azimio ano otatomoni io ano par	poor or onemging	no regional	ou omeo er regionere agent, er betil,	
SIGNATURE:						
Electronic Signature of Registered Agent			t		Date	
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () MCCULLOUGH, 603 GULF SHOP DESTIN, FL 329	RE DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () KETCHERSID, J 4660 DESTINY V DESTIN, FL 325	WAY	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () MDOSS, MARYE 340 GULF SHOP DESTIN, FL 325	RE DRIVE	Title: Name: Address: City-St-Zip:	DS PERRY, AI 4477 LEGE DESTIN, F	ENDARY DR. #202	
Title: Name: Address: City-St-Zip:	DT () LENENTINE, CH 340 GULF SHOP DESTIN, FL 329	RE DRIVE	Title: Name: Address: City-St-Zip:	DT TWAY, JA0 520 DRIFT DESTIN, F	WOOD LANE	
Title: Name: Address: City-St-Zip:	D () HOGG, HAMPTO 9525 HIGHWAY DESTIN, FL 329	98	Title: Name: Address: City-St-Zip:	D MORGAN, 538 HIGHV DESTIN, F	VAY 98	
Title: Name: Address: City-St-Zip:	D () FLYNN, DOROT 4421 COMMONS DESTIN FL 325	5	Title: Name: Address: City-St-Zip:	D MORTON, P.O. BOX (DESTIN. F	8861	

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 MCCLLOUGH PRES 01/23/2005