2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006808

Entity Name: FELINE FRIENDS OF DESTIN, INC.

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

603 GULF SHORE DRIVE 4452 OCEAN VIEW DRIVE DESTIN, FL 32541

DESTIN, FL 32541

Current Mailing Address:

New Mailing Address:

PO BOX 822

DESTIN, FL 325400822

FEI Number: 59-3621829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MCCULLOUGH, SHAYNE PERRY, AMY A 603 GULF SHORE DRIVE 4477 LEGENDARY DRIVE DESTIN, FL 32541 SUITE 202 DESTIN, FL 32541 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: AMY A. PERRY, ESQ 03/05/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MCCULLOUGH, SHAYNE HERRIOTT, ANNE Name: Name:

603 GULF SHORE DRIVE Address: 4452 OCEAN VIEW DRIVE Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: () Delete Title: (X) Change () Addition

KETCHERSID, JODI Name: MRAS, JOE Name: Address: 4660 DESTINY WAY Address: 4452 OCEAN VIEW DRIVE

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: DS Title: (X) Change () Addition () Delete

PERRY, AMY SIMERLY, RACHEL Name: Name: 4477 LEGENDARY DR. #202 4703 KNOOLWOOD ROAD Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: NICEVILLE, FL 32578

Title: DT () Delete Title: (X) Change () Addition

Name: TWAY, JACKIE Name: ANREAS, LEANNE 520 DRIFTWOOD LANE Address: Address: 2126 SCHOONER CIRCLE City-St-Zip: DESTIN, FL 32541 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Delete Title: (X) Change () Addition

MORGAN, CHARLES JONES, DORETHA DVM Name: Name: 538 HIGHWAY 98 230 GREENBRIER CIRCLE Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNE HERRIOTT Ρ 03/05/2009