

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 19, 2009
Secretary of State

DOCUMENT# N99000006808

Entity Name: FELINE FRIENDS OF DESTIN, INC.**Current Principal Place of Business:**4452 OCEAN VIEW 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:**PERRY, AMY A
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541 US**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:** P () Delete
Name: HERRIOTT, ANNE
Address: 4452 OCEAN VIEW DRIVE
City-St-Zip: DESTIN, FL 32541**Title:** VP () Delete
Name: MRAS, JOE
Address: 4452 OCEAN VIEW DRIVE
City-St-Zip: DESTIN, FL 32541**Title:** S () Delete
Name: SIMERLY, RACHEL
Address: 4703 KNOOLWOOD ROAD
City-St-Zip: NICEVILLE, FL 32578**Title:** T () Delete
Name: ANREAS, LEANNE
Address: 2126 SCHOONER CIRCLE
City-St-Zip: MIRAMAR BEACH, FL 32550**Title:** D () Delete
Name: JONES, DORETHA DVM
Address: 230 GREENBRIER CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP/T (X) Change () Addition
Name: MRAS, JOE
Address: 4452 OCEAN VIEW DRIVE
City-St-Zip: DESTIN, FL 32541**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: KEICH, JEREMY
Address: 1250 CIRCLE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: BLUMER, PHIL
Address: POST OFFICE BOX 126
City-St-Zip: SHALIMAR, FL 32579

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

P

05/19/2009

Electronic Signature of Signing Officer or Director

Date