

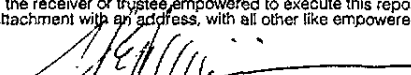


FILED
Feb 05, 2005 08:00 AM
Secretary of State

| | | | |
|---|--|--|--|
| DOCUMENT # N99000007080 | |  | |
| 1. Entity Name FRIENDS OF FELINES OF THE FLORIDA KEYS, INCORPORATED | | | |
| Principal Place of Business 165 MOHAWK STREET TAVERNIER, FL 33070 | | Mailing Address 165 MOHAWK STREET TAVERNIER, FL 33070 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01282005 No Chg-NP CR2E037 (10/03) | |
| | | 4. FEI Number 65-0969184 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | |
| VINICUR, SAMUEL E 165 MOHAWK STREET TAVERNIER, FL 33070 | | DO NOT WRITE IN THIS SPACE | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D VINICUR, SAMUEL E 165 MOHAWK STREET TAVERNIER, FL 33070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D CHESHER, JUDITH A 155 INDIAN AVENUE TAVERNIER, FL 33070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D RUTHERFORD, LISA R 1429 SOUTH AUDUBON DRIVE HOMESTEAD, FL 33035 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Date: 2/1/05 305/852-8741 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |