

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002949

Entity Name: CARING FIELDS FELINES, INC.**Current Principal Place of Business:**6807 SW WEDELIA TERRACE
PALM CITY, FL 34990**Current Mailing Address:**P. O. BOX 1693
PALM CITY, FL 34991 US**FEI Number:** 65-1015367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERLOCK, VIRGINIA P
618 EAST OCEAN BLVD., SUITE 5
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name KIENKE, KATHY
Address 3816 SW HALE STREET
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name SCHULTE, JUDITH
Address 2319 SW TRAILSIDE PATH
City-State-Zip: STUART FL 34997

Title TREASURER
Name PAVELA, JOHN
Address 113 SYCAMORE DR.
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name KERN, DONNA
Address 4480 SW OAKHAVEN LANE
City-State-Zip: PALM CITY FL 34990

Title EX D
Name GLOVER, PAULINE
Address 6807 SW WEDELIA TERRACE
City-State-Zip: PALM CITY FL 34990

Title PRESIDENT
Name BISHOP, KRISTEN
Address 7675 BOBCAT RUN
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP
Name STEINBRECHER, NANCY
Address 756 NW WATERLILY
City-State-Zip: JENSEN BEACH FL 34957

I hereby 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 all other like empowered.

SIGNATURE: PAULINE GLOVER**EXECUTIVE DIRECTOR****02/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date