

2025 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	LOEW, RICHARD DR.
Address	3044 SW WIMBLEDON TERRACE
City-State-Zip:	PALM CITY FL 34990

Title	EXECUTIVE DIRECTOR
Name	GLOVER, PAULINE
Address	6807 SW WEDELIA TERR
City-State-Zip:	PALM CITY FL 34990

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

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

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

Title	TREASURER
Name	LOKAY, BRUCE
Address	600 SW BITTERN STREET
City-State-Zip:	PALM CITY FL 34990

Title	VP
Name	ATWELL, KIMBERLY
Address	13283 SW GREEN DELTA ROAD
City-State-Zip:	PORT ST. LUCIE FL 34987

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

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****02/17/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date