

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005939

Entity Name: FLAGLER CATS INC.**Current Principal Place of Business:**FLAGLER BUSINESS CENTER
2550 N. STATE ST. SUITE 11
BUNNELL, FL 32110**Current Mailing Address:**FLAGLER BUSINESS CENTER
2550 N. STATE ST. SUITE 11
BUNNELL, FL 32110 US**FEI Number:** 54-2131972**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOLINA, MARI
40 RAMBLEWOOD DRIVE
PALM COAST, FL 32164 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	MS
Name	MOLINA, MARI PRES
Address	40 RAMBLEWOOD DRIVE
City-State-Zip:	PALM COAST FL 32164
Title	TRES
Name	ROSENSTENGEL, MARY
Address	FLAGLER BUSINESS CENTER 2550 N. STATE ST. SUITE 11
City-State-Zip:	BUNNELL FL 32110
Title	OFFICER
Name	RODRIGUEZ, IVEY
Address	FLAGLER BUSINESS CENTER 2550 N. STATE ST. SUITE 11
City-State-Zip:	BUNNELL FL 32110

Title	MRS
Name	HAWKINS, MURIEL VICE PR
Address	2550 N. STATE ST.
City-State-Zip:	BUNNELL FL 32110
Title	SECTY
Name	SMITH, BETH
Address	FLAGLER BUSINESS CENTER 2550 N. STATE ST. SUITE 11
City-State-Zip:	BUNNELL FL 32110
Title	OFFICER
Name	MILLEN, MARILYN
Address	FLAGLER BUSINESS CENTER 2550 N. STATE ST. SUITE 11
City-State-Zip:	BUNNELL FL 32110

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: MARI MOLINA**EXECUTIVE DIRECTOR****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date