

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009518

Entity Name: KATRINA'S ANIMAL REHABILITATION AND EDUCATION, INC

FILED
Apr 26, 2014
Secretary of State
CC6635523922

Current Principal Place of Business:

3053 JUNE BERRY TER
OVIDO, FL 32766

Current Mailing Address:

3053 JUNE BERRY TER
OVIDO, FL 32766

FEI Number: 46-1136512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATIAS, KATRINA G
3053 JUNE BERRY TER
OVIDO, FL 32766 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 P
Name MATIAS, KATRINA G
Address 3053 JUNE BERRY TER
City-State-Zip: OVIDO FL 32766

Title VP
Name MONCION, ANTHONY M
Address 519 GRANITE CIRCLE
City-State-Zip: CHULUOTA FL 32766

Title FINANCIAL EXECUTIVE
Name MATIAS, DENISE L
Address 3053 JUNE BERRY TER
City-State-Zip: OVIDO FL 32766

Title ADMINISTRATIVE EXECUTIVE
Name AGOSTINI, MARLENE A
Address 2733 CORDGRASS STREET
City-State-Zip: OVIDO FL 32765

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: KATRINA MATIAS

PRESIDENT

04/26/2014

Electronic Signature of Signing Officer/Director Detail

Date