

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009518

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

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC2875642274**

**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**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date