2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2024
Secretary of State
8087393964CC

DOCUMENT# N18000004266

Entity Name: FELINE ADVOCATES OF LEON COUNTY INC.

Current Principal Place of Business:

2901 EAST PARK AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

2901 EAST PARK AVE
TALLAHASSEE, FL 32301 US

FEI Number: 83-1120353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTSFIELD, MARGARET
2901 EAST PARK AVE
TALLAHASSEE, FL 32301 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	HARTSFIELD, MARGARET
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	ASST. SECRETARY
Name	CAPLOWE, SUSAN
Address	PO BOX 1201
City-State-Zip:	TALLAHASSEE FL 32302

Title	DIRECTOR
Name	KRAMBECK, CAILEE
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	KRING, BECKY
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	BLAKE, MELISSA
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	VIRAMONTES, LINDSEY
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY, VP
Name	JONES , SARA
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	ALVAREZ, GLORIA
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

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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: SUSAN H. CAPLOWE ASSISTANT SECRETARY 02/12/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POITRAS, GISELE
Address	2901 EAST PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301