

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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

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 CAPLOWE**ASST. SECRETARY****03/07/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date