#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004266

Entity Name: FELINE ADVOCATES OF LEON COUNTY INC.

FILED Feb 15, 2021 Secretary of State 6871384538CC

## **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 2951 WILLIAMS RD TALLAHASSEE, FL 32311 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	Title	VΡ

NameHARTSFIELD, MARGARETNameSMITH, MELISSAAddress2951 WILLIAMS RDAddress631 EAST CALL ST

City-State-Zip: TALLAHASSEE FL 32311 City-State-Zip: TALLAHASSEE FL 32301

Title ASST. SECRETARY Title DIRECTOR

Name CAPLOWE, SUSAN Name WILLIAMS, LINDSEY

Address PO BOX 1201 Address 600 VICTORY GARDEN DR
City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32301

TitleDIRECTORTitleSECRETARYNameGEDDIS, CAILEENameJONES, SARAAddress1080 CORBY CTAddress411 CHAPEL DR

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32304

TitleDIRECTORTitleDIRECTORNameCORBIN, PEYTONNameSLOANE, GAIL

Address 2539 AUGUSTINE CT Address 2523 AUGUSTINE CT

City-State-Zip: TALLAHASSEE FL 32311

City-State-Zip: TALLAHASSEE FL 32311

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. SEC. 02/15/2021