

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006059

Entity Name: CARE FELINE TNR, INC.**Current Principal Place of Business:**1207 COLE ROAD
ORLANDO, FL 32803**Current Mailing Address:**PO BOX 4552
WINTER PARK, FL 32792 US**FEI Number:** 59-3419640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWEENEY, CAROL J
1207 COLE ROAD
ORLANDO, FL 32803 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	VP
Name	SWEENEY, CAROL J	Name	LANINFA, MELISSA
Address	1207 COLE ROAD	Address	1476 HEMPAL AVE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	WINDERMERE FL 34786
Title	T	Title	D
Name	KOLLENBERG, JIM	Name	FREEMAN, LISA
Address	2900 SAND BLUFF COVE	Address	1421 SILVERTHORN DR
City-State-Zip:	OVIDO FL 32765	City-State-Zip:	ORLANDO FL 32825
Title	D	Title	DIRECTOR
Name	ZOHRA, LAMRANI	Name	MONDAY, KARIN
Address	1939 RIBBON FALLS PARKWAY	Address	824 NANA AVE
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 32809

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: JIM KOLLENBERG

TREASURER

03/06/2013

Electronic Signature of Signing Officer/Director Detail_____
Date