2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 756997

1. Entity Name
RARE FELINE BREEDING CENTER, INC.

Principal Place of Business	Mailing Address
% ROBERT BAUDY STATE HWY 48, P.O. BOX 100 CENTER HILL, FL 33514	% ROBERT BAUDY STATE HWY 48, P.O. BOX 100 CENTER HILL, FL 33514

DO NOT WRITE IN THIS SPACE

07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2013615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUDY, ROBERT E
STATE HWY 48, P.O. BOX 100
CENTER HILL, FL 33514

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAUDY, ROBERT
STREET ADDRESS	STATE RD 48 P O BOX 100
CITY-ST-ZIP	CENTER HILL, FL
TITLE	D
NAME	SCHAFFER, ED
STREET ADDRESS	557 S COUNTRY CLUB DR
CITY-ST-ZIP	ATLANTIS, FL
TITLE	D
NAME	WEAVER, CATHY P
STREET ADDRESS	240 S.W. 165TH STREET
CITY-ST-ZIP	OCALA, FL 34473
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/26/04-80013-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Baudy 7.15.04 ROBERT BAUDY 793 2109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #