

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100007914

Entity Name: EVERGLADES GOLDEN RETRIEVER RESCUE, INC.

Current Principal Place of Business:

5120 NW 78 TERRACE
LAUDERHILL, FL 33351

Current Mailing Address:

5120 NW 78 TERRACE
LAUDERHILL, FL 33351 US

FEI Number: 65-1157578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUL B LIPSON & CO
4171 W. HILLSBORO BLVD
SUITE 4
COCONUT CREEK, FL 33073 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: SAUL B LIPSON

01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LIPSON, JANE
Address 5100 NW 78TH TERRACE
City-State-Zip: LAUDERHILL FL 33351-5041

Title VP
Name SCOLNIK, HERMINE
Address 9302 ISLES CAY DR
 UNIT 1
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name DAVIS, DIANE
Address 12276 WHISTLER WAY
City-State-Zip: BOYNTON BEACH FL 33473-5071

Title DIRECTOR
Name WHARTON, CATHERINE
Address 108 EXECUTIVE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name ROGERS, PATTI
Address 12133 GLENMORE DRIVE
City-State-Zip: CORAL SPRINGS FL 33071

Title SECRETARY
Name CHORAK, STEFANIE
Address 2937 WASHINGTON ST.
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR
Name LINDENFELD, ELLEN
Address 11930 NW 29 PLACE
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name STONE, KEELY
Address 2580 MYRICA RD.
City-State-Zip: WEST PALM BEACH FL 33406-5174

Continues on page 2

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: JANE LIPSON

PRESIDENT

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WOLAK, DIANE
Address 955 CASSADAGA RD.
City-State-Zip: LAKE HELEN FL 32744