

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007914

**Entity Name:** EVERGLADES GOLDEN RETRIEVER RESCUE, INC.**Current Principal Place of Business:**1003 LEISURE LANE  
BOYNTON BEACH, FL 33426**Current Mailing Address:**1530 W BOYNTON BEACH BLVD  
#4335  
BOYNTON BEACH, FL 33424 US**FEI Number:** 65-1157578**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAUL B LIPSON & CO  
1515 S UNIVERSITY DR  
SUITE 222  
CORAL SPRINGS, FL 33071 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

02/05/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	T
Name	GOLDMAN, MARLENE
Address	1003 LEISURE LANE
City-State-Zip:	BOYNTON BEACH FL 33426-4346

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

Title	D
Name	DEMME, KENDRA
Address	6600 NW 93RD AVE
City-State-Zip:	TAMARAC FL 33321-3528

Title	P
Name	SCOLNIK, HERMINE
Address	7284 MOROCCA LAKE DR
City-State-Zip:	DELRAY BEACH FL 33446-3778

Title	D
Name	DAVIS, DIANE
Address	400 N FIG TREE LANE
City-State-Zip:	PLANTATION FL 33317-2563

Title	S
Name	KETCHAM, WENDY
Address	300 NE 27TH DR
City-State-Zip:	WILTON MANORS FL 33334

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:** MARLENE GOLDMAN**TREASURER**

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date