

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

DOCUMENT# N01000007914

**FILED**  
**Mar 17, 2021**  
**Secretary of State**  
**1725290130CC**

**Entity Name:** EVERGLADES GOLDEN RETRIEVER RESCUE, INC.

**Current Principal Place of Business:**

1515 UNIVERSITY DRIVE  
SUITE 222  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1515 UNIVERSITY DRIVE  
SUITE 222  
CORAL SPRINGS, FL 33071 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

03/17/2021

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

Title            SECRETARY  
Name            WOLAK, DIANE  
Address        12197 154TH RD N  
City-State-Zip: JUPITER FL 33478-6659

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

Title            DIRECTOR  
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

*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**

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date