

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008290

Entity Name: PROTECTORS OF COMPANION ANIMALS, INC.**Current Principal Place of Business:**3096 MICHIGAN AVE
KISSIMMEE, FL 34744**Current Mailing Address:**3096 MICHIGAN AVE
KISSIMMEE, FL 34744 US**FEI Number:** 59-3760425**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZEBELL, ERIN
1021 CRYSTAL LAKE ROAD
LUTZ, FL 33548 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:** ERIN ZEBELL

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MATHENY, LINETTE
Address 3096 MICHIGAN AVE
City-State-Zip: KISSIMMEE FL 34744

Title PRESIDENT
Name ARRINGTON, KRISTEN
Address 3096 MICHIGAN AVE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name ZEBELL, ERIN
Address 3096 MICHIGAN AVE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name BRYAN, MARGIE
Address 3096 MICHIGAN AVE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name THREADGILL, JENA
Address 3096 MICHIGAN AVE
City-State-Zip: KISSIMMEE FL 34744

Title OTHER, MANAGER
Name GREINER MUNCY, SUSAN
Address 3096 MICHIGAN AVE
City-State-Zip: KISSIMMEE FL 34744

Title EXECUTIVE DIRECTOR
Name WESTERVELD, DANIELA SHEILA
Address 3412 SANTA MONICA DRIVE
City-State-Zip: ORLANDO FL 32822

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: DANIELA SHEILA WESTERVELD**EXECUTIVE DIRECTOR**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date