Entity Name: GULFSTREAM GUA	RDIAN ANGEL ROTT	WEILER RESCUE, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

20914 NW 74 PLACE ALACHUA, FL 32615

# **Current Mailing Address:**

DOCUMENT# N0200005767

20914 NW 74 PLACE ALACHUA, FL 32615

### FEI Number: 54-2072863

## Name and Address of Current Registered Agent:

ACOSTA, GRACE 20914 NW 74 PLACE ALACHUA, FL 32615 US FILED Jan 24, 2016

Secretary of State

CC4095298582

Date

Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	P-T	Title	D
Name	ACOSTA, GRACE	Name	DURBIN, MARIHOPE
Address	20914 NW 74 PLACE	Address	3086 SW VITTORIO ST
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	PORT ST. LUCIE FL 34953
Title	VP-S	Title	D
Name	RAMIREZ, YOLANDA	Name	GARRIGA, LUIS
Address	18468 NW 24 ST.	Address	821 MAPLE RIDGE DR
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	MERRITT ISLAND FL 32952
Title	DIRECTOR	Title	DIRECTOR
Name	CLARK, CHRISTY	Name	WILSON, ULI
Address	12150 LAKESHORE DR	Address	3201 W PAUL AVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	TAMPA FL 33611
Title	DIRECTOR		
Name	KUTLER, LOUISE		
Address	120 WOODBINE LANE		

City-State-Zip: HAWTHORNE FL 32640

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: GRACE ACOSTA

PRESIDENT

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date