

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04162

**Entity Name:** SAVE A PET FLORIDA, INC.**Current Principal Place of Business:**6248 ROBINSON ST  
JUPITER, FL 33458**Current Mailing Address:**P O BOX 2444  
PALM BEACH, FL 33480 US**FEI Number:** 59-2425726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELLS, KATHLEEN M  
6248 ROBINSON ST  
JUPITER, FL 33458 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WELLS, KATHLEEN M
Address	6248 ROBINSON ST
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	TOMARIN, DEBRA
Address	413 SEAVIEW AVE
City-State-Zip:	PALM BEACH FL 33480

Title	TREASURER, DIRECTOR
Name	MORRISON, RENEE
Address	336 EL VEDADO
City-State-Zip:	PALM BEACH FL 33480

Title	SECRETARY, DIRECTOR
Name	MERCER, JOHN
Address	4573 HUNTING TR
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR, VP
Name	GARCIA, XAVIER DR.
Address	502 28TH ST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIRECTOR
Name	ROTHENBERG, IAN
Address	6531 AMBERWOODS DR.
City-State-Zip:	BOCA RATON FL 33433

*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:** KATHLEEN M WELLS**PRESIDENT****02/07/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date