

**2013 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 EXECUTIVE DIRECTOR

Name WELLS, KATHLEEN

Address 6248 ROBINSON ST

City-State-Zip: JUPITER FL 33458

Title T, D

Name MORRISON, RENEE

Address 336 EL VEDADO

City-State-Zip: PALM BEACH FL 33480

Title S,D

Name MASI, BARBARA

Address 226 SE FIRST AVENUE

City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR

Name VIENS, DEBORAH

Address 17741 SE FEDERAL HWY

City-State-Zip: TEQUESTA FL 33469

Title VP,D

Name TOMARIN, DEBRA

Address 600 SOUTH DIXIE HWY. APT 816

City-State-Zip: WEST PALM BEACH FL 33401

Title D

Name MERCER, JOHN

Address 4573 HUNTING TR

City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT

Name POOLE, MICHELE

Address 4200 STATE RD 7

City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR

Name GARCIA, XAVIER DR.

Address 502 28TH ST

City-State-Zip: WEST PALM BEACH FL 33407

*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 WELLS**EXECUTIVE DIRECTOR****01/15/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date