

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000163

**Entity Name:** MY ANGEL WITH PAWS, INC.

**Current Principal Place of Business:**

3098 MARSH ROAD  
DELAND, FL 32724-9011

**Current Mailing Address:**

3098 MARSH ROAD  
DELAND, FL 32724-9011

**FEI Number:** 26-3926996

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TOWNSEND, SARAH H  
3098 MARSH ROAD  
DELAND, FL 32724-9011 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:** SARAH TOWNSEND

01/24/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KUDLETS, MARILYN  
Address        1090 LEEWARD DRIVE  
City-State-Zip: DELTONA FL 32738

Title            VP  
Name            SCOBY, LYNNE  
Address        3626 ROYAL FERN CIRCLE  
City-State-Zip: DELAND FL 32724

Title            TREASURER  
Name            TOWNSEND, SARAH  
Address        3098 MARSH ROAD  
City-State-Zip: DELAND FL 32724

Title            SECRETARY  
Name            BERRY, DIANA  
Address        21 CENTURY LANE  
City-State-Zip: PALM COAST FL 32137

Title            DIRECTOR  
Name            TEJCEK, CHRIS  
Address        3098 MARSH ROAD  
City-State-Zip: DELAND FL 32724-9011

Title            OFFICER  
Name            FORD, VALERIE  
Address        3098 MARSH ROAD  
City-State-Zip: DELAND FL 32724-9011

Title            OFFICER  
Name            FORD, FRED  
Address        3098 MARSH ROAD  
City-State-Zip: DELAND FL 32724-9011

Title            OFFICER  
Name            GRIMES, MARK  
Address        241 CYPRESS HILLS WAY  
City-State-Zip: DELAND FL 32724

*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:** SARAH TOWNSEND

**OFFICER**

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date