

2018 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

01/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KUDLETS, MARILYN
Address 3098 MARSH ROAD
City-State-Zip: DELAND FL 32724

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

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

Title SECRETARY
Name BERRY, DIANA
Address 1707 CORAL FERN DR
City-State-Zip: DELAND FL 32720

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

Title OFFICER
Name ALAN, KRONSTADT
Address 1752 EFLAND TERRACE
City-State-Zip: DELTONA FL 32738

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**DIRECTOR**

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date