2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2020
Secretary of State
5546336462CC

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Entity Name: ST. FRANCIS PET CARE, INC.

Current Principal Place of Business:

104 SE 4TH PLACE
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 358462
GAINESVILLE, FL 32635-8462

FEI Number: 27-1590456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAPLAN-STEIN, DALE DR DVM
12801 NW 56TH AVE
GAINESVILLE, FL 32653 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	DP
Name	STEIN, DALE KAPLAN
Address	12801 NW 56TH AVE
City-State-Zip:	GAINESVILLE FL 32653

Title	OFFICER
Name	EMANUEL, AMBER
Address	1534 NW 7TH PLACE
City-State-Zip:	GAINESVILE FL 32603

Title	DIRECTOR
Name	HARRIS, DEBORAH HONEY
Address	14814 NW 41ST AVE
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR
Name	GORDON, PATTI
Address	2203 NW 23RD TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DV
Name	MACHEN, CHRIS
Address	2233 NW 8TH AVE
City-State-Zip:	GAINESVILLE FL 62603

Title	OFFICER
Name	ISAZA, NATALLIE
Address	9652 NW 161ST ST.
City-State-Zip:	ALACHUA FL 32615

Title	DIRECTOR
Name	LOPEZ, JOANNE
Address	6949 SW 107TH AVENUE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	ANDERSON, LOUISE
Address	4010 NW 25TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

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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: DALE KAPLAN-STEIN PRESIDENT 04/09/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECOR
Name	ARDENTE, AMANDA
Address	10319 NW PALMETTO BLVD
City-State-Zip:	GAINESVILLE FL 32615