

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009303

Entity Name: RESCUE ADOPTION INC.**Current Principal Place of Business:**3802 OLEANDER AVE
FORT PIERCE, FL 34982**Current Mailing Address:**3802 OLEANDER AVE
FORT PIERCE, FL 34982 US**FEI Number:** 80-0649659**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONSALVE, DAGMARA K
3802 OLEANDER AVE
FORT PIERCE, FL 34982 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	PRES
Name	MONSALVE, DAGMARA K
Address	1731 SE CLEARMONT ST
City-State-Zip:	PORT ST LUCIE FL 34983

Title	CEO
Name	MONSALVE, RICHARD
Address	1731 SE CLEARMONT ST
City-State-Zip:	PORT ST LUCIE FL 34983

Title	DIR
Name	BOUDOUSQUIE, JERRICA
Address	205 N 22ND ST
City-State-Zip:	FORT PIERCE FL 34982

Title	DIR
Name	ZGLINICKI, MARIA
Address	158 CAROL SUSAN LANE
City-State-Zip:	FORT PIERCE FL 34982

Title	DIR
Name	VAKULCHIK, NINA IVANOVNA
Address	354 BRAZILIAN CIR
City-State-Zip:	PORT ST LUCIE FL 34952

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: RICHARD MONSALVE**EXECUTIVE DIRECTOR****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date