DOCOMEN	1# NT100000000			
Entity Nam	e: ISLAND RETRIEVER RESCUE OF THE P	ALM BEACHES		etary of State
10322 EL PAR	ncipal Place of Business: AISO PLACE CH, FL 33446			1009/12100
Current Ma	iling Address:			
	ARAISO PLACE EACH, FL 33446 US			
FEI Number: 27-4601114 Certificate of State			s Desired: No	
Name and	Address of Current Registered Agent:			
RIPPS, LINDA				
10322 EL PAR DELRAY BEA	CH, FL 33446 US			
DELRAY BEA		egistered office or regis	tered agent, or both, in the Sta	ate of Florida.
DELRAY BEA	CH, FL 33446 US	egistered office or regis	tered agent, or both, in the Sta	
DELRAY BEA	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the Sta	
DELRAY BEA The above name SIGNATUR	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS	egistered office or regis	tered agent, or both, in the Sta	01/29/202
DELRAY BEA The above name SIGNATUR	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the Sta	01/29/202
DELRAY BEA The above name SIGNATUR Officer/Dire	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent ector Detail :			01/29/202
DELRAY BEA The above name SIGNATUR Officer/Dire Title	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent ector Detail : P	Title	VP	01/29/202 Date
DELRAY BEA The above name SIGNATUR Officer/Dire Title Name	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent Ector Detail : P RIPPS, LINDA 10322 EL PARAISO PLACE	Title Name Address	VP RIPPS, ANDREW	01/29/202 Date
DELRAY BEA The above name SIGNATUR Officer/Dire Title Name Address	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent Ector Detail : P RIPPS, LINDA 10322 EL PARAISO PLACE	Title Name Address	VP RIPPS, ANDREW 10322 EL PARAISO PLA	01/29/202: Date
DELRAY BEA The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip:	CH, FL 33446 US ad entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent Ector Detail : P RIPPS, LINDA 10322 EL PARAISO PLACE DELRAY BEACH FL 33446	Title Name Address	VP RIPPS, ANDREW 10322 EL PARAISO PLA	01/29/202: Date
DELRAY BEA The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	CH, FL 33446 US ed entity submits this statement for the purpose of changing its re E: LINDA RIPPS Electronic Signature of Registered Agent ector Detail : P RIPPS, LINDA 10322 EL PARAISO PLACE DELRAY BEACH FL 33446 D	Title Name Address	VP RIPPS, ANDREW 10322 EL PARAISO PLA	01/29/202: Date

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1100000606

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.

MGR

## SIGNATURE: ANDREW RIPPS

Electronic Signature of Signing Officer/Director Detail

FILED Jan 29, 2022