

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007277

Entity Name: LIMBO CHIHUAHUAS - CHIHUAHUA RESCUE INC.**Current Principal Place of Business:**6800 GULFPORT BLVD #201-105
SOUTH PASADENA, FL 33707**Current Mailing Address:**6800 GULFPORT BLVD #201-105
SOUTH PASADENA, FL 33707 US**FEI Number: 45-3103418****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARRETT, MARY M
1601 54TH STREET SOUTH
GULFPORT, FL 33707 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	PRESIDENT
Name	BARRETT, MARY M
Address	1601 54TH STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	TREASURER
Name	WOOD, ELIZABETH M
Address	5831 25TH AVENUE SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	VP
Name	PALERMO, BARBARA
Address	9990 LAKE SEMINOLE DRIVE W
City-State-Zip:	LARGO FL 33773

Title	DIRECTOR
Name	LEMAIRE, HALAYA
Address	521 43RD AVENUE NORTH
City-State-Zip:	SAINT PETERSBURG FL 33703

Title	DIRECTOR
Name	GAUTHIER, NATALIE
Address	100 4TH AVENUE SOUTH #326
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	SECRETARY
Name	CARSON, KRISTIN
Address	2065 BROADWAY AVENUE
City-State-Zip:	CLEARWATER FL 33755

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: ELIZABETH M WOOD**TREASURER****02/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date