

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010941

**Entity Name:** SAVING FOUR PAWS, INC.

**Current Principal Place of Business:**

7932 TUMBLESTONE DR  
ORLANDO, FL 32819

**Current Mailing Address:**

P.O. BOX 3161  
WINDERMERE, FL 34786 US

**FEI Number: 45-3827374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TAMBONE, MARY  
7932 TUMBLESTONE DR  
ORLANDO, FL 32819 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 P  
Name TAMBONE, MARY  
Address P.O. BOX 2661  
City-State-Zip: WINDERMERE FL 34786

Title VP  
Name TAMBONE, ANGELA  
Address 3920 MYSTIC VALLEY PKWY #610E  
City-State-Zip: MEDFORD MA 02155

Title TREASURER  
Name VIX, MISTY  
Address 820 KENSINGTON DR  
City-State-Zip: ORLANDO FL 32808

Title CHAIRMAN  
Name KOBY, DONNA  
Address 5070 JETSAIL DR  
City-State-Zip: ORLANDO FL 32812

Title OFFICER  
Name TAYLOR, BROOKE  
Address 7932 TUMBLESTONE DR  
City-State-Zip: ORLANDO FL 32819

*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: MARY TAMBONE**

**PRESIDENT**

**03/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date