

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000003552

**Entity Name:** 100PLUSANIMALRESCUE, INC.

**Current Principal Place of Business:**

300 E OAKLAND PARK BLVD #401  
WILTON MANORS, FL 33334

**Current Mailing Address:**

300 E OAKLAND PARK BLVD #401  
WILTON MANORS, FL 33334 US

**FEI Number:** 45-5195419

**Certificate of Status Desired:** No

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

ROMAN, AMY  
300 E OAKLAND PARK BLVD #401  
WILTON MANORS, FL 33334 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:** AMY ROMAN

03/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROMAN, AMY J  
Address 300 E OAKLAND PARK BLVD #401  
City-State-Zip: WILTON MANORS FL 33334

Title TREASURER, DIRECTOR  
Name HANEY, TAMMY S  
Address 300 E OAKLAND PARK BLVD # 401  
City-State-Zip: WILTON MANORS FL 33334

Title D  
Name SHETTINO, LISA  
Address 300 E OAKLAND PARK BLVD # 401  
City-State-Zip: WILTON MANORS FL 33334

Title SECRETARY, DIRECTOR  
Name DANIELLO, CAROL  
Address 300 E OAKLAND PARK BLVD #401  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR  
Name NESBIT, TIFFANY  
Address 300 E OAKLAND PARK BLVD. # 401  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR  
Name ROBINSON, TAMMY ANN  
Address 300 E OAKLAND PARK BLVD #401  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR  
Name MULLIGAN, GRACE ANN  
Address 300 E OAKLAND PARK BLVD #401  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR  
Name REYNOLDS, LESLIE  
Address 300 E OAKLAND PARK BLVD #401  
City-State-Zip: WILTON MANORS FL 33334

*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:** AMY ROMAN

PRESIDENT

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date