

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003552

Entity Name: 100PLUSANIMALRESCUE, INC.**Current Principal Place of Business:**17101 77TH LN N
LOXAHATCHEE, FL 33470**Current Mailing Address:**17101 77TH LN N
LOXAHATCHEE, FL 33470 US**FEI Number:** 45-5195419**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMAN, AMY
17101 77TH LN N
LOXAHATCHEE, FL 33470 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

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROMAN, AMY J
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR
Name HANEY, TAMMY S
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR
Name DANIELLO, CAROL
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR
Name NESBIT, TIFFANY
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR
Name ROBINSON, TAMMY ANN
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

Title SECRETARY
Name MULLIGAN, GRACE ANN
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

Title TREASURER
Name REYNOLDS, LESLIE
Address 17101 77TH LN N
City-State-Zip: LOXAHATCHEE FL 33470

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

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date