

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004494

**FILED**  
**Jan 27, 2018**  
**Secretary of State**  
**CC9909892852**

**Entity Name:** POM MOM RESCUE INC

**Current Principal Place of Business:**

1363 STALLINGS AVE  
SPRING HILL, FL 34609

**Current Mailing Address:**

P.O. BOX 3961  
SPRINGHILL, FL 34611

**FEI Number:** 45-5208666

**Certificate of Status Desired:** Yes

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

LUGO, STEVEN SR  
1363 STALLINGS AVE  
SPRING HILL, FL 34609 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 LUGO, CATHY  
Address 1363 STALLINGS AVE  
City-State-Zip: SPRING HILL FL 34609

Title VP  
Name LUGO, STEVEN  
Address 1363 STALLINGS AVE  
City-State-Zip: SPRING HILL FL 34609

Title SEC  
Name LUGO, LOUIS  
Address 1363 STALLINGS AVE  
City-State-Zip: SPRING HILL FL 34609

*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:** CATHY LUGO

**PRESIDENT**

**01/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date