

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

DOCUMENT# N12000004857

**Entity Name:** PAMELA RANDLE BLOODHOUND RESCUE AND SAFE HARBOR, INC.

**Current Principal Place of Business:**

1754 BRANCH VINE DRIVE WEST  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

P.O. BOX 19111  
JACKSONVILLE, FL 32245-9111 US

**FEI Number:** 45-5563535

**Certificate of Status Desired:** No

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

RANDLE, PAMELA  
1754 BRANCH VINE DRIVE WEST  
JACKSONVILLE, FL 32246 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 RANDLE, PAMELA  
Address 1754 BRANCH VINE DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32246

Title DIR  
Name VILLANO, STEPHANIE  
Address 6737 16TH TERRACE NORTH  
163  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIR  
Name GOOSEN, AIMEE  
Address 10745 HENNESSEY AVENUE  
City-State-Zip: HASTINGS FL 32145  
  
Title DIRECTOR  
Name COLOSIMO, CHARLES  
Address 1754 BRANCH VINE DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32246

*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:** PAMELA RANDLE

**PRESIDENT**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date