

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004857

**Entity Name:** PAMELA RANDLE BLOODHOUND RESCUE AND SAFE HARBOR, INC.**Current Principal Place of Business:**210 9TH STREET  
ST. AUGUSTINE, FL 32080**Current Mailing Address:**P.O. BOX 840236  
SAINT AUGUSTINE, FL 32080 US**FEI Number: 45-5563535****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RANDLE, PAMELA  
210 9TH ST.  
ST. AUGUSTINE, FL 32080 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	210 9TH STREET
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIR
Name	HURD, MELISSA
Address	283 3RD STREET 1ST FLOOR
City-State-Zip:	HANOVER PA 17331

Title	DIR
Name	GOOSEN, AIMEE
Address	10745 HENNESSEY AVENUE
City-State-Zip:	HASTINGS FL 32145

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

*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****05/01/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date