### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007385

Entity Name: MILO'S DOG RESCUE OF SOUTH FLORIDA, INC

**FILED** Mar 11, 2024 **Secretary of State** 5458304559CC

## **Current Principal Place of Business:**

4610 S. SUNCOAST BLVD

#326

HOMOSASSA SPRINGS, FL 34447

## **Current Mailing Address:**

4610 S. SUNCOAST BLVD

#326

HOMOSASSA SPRINGS, FL 34447 US

FEI Number: 46-0700381 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

BILLINGSLEA, STACY J 4610 S. SUNCOAST BLVD

#326

HOMOSASSA SPRINGS, FL 34447 US

#326

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 **PRESIDENT** Title Т

Name BILLINGSLEA, STACY J Name EDELSTEIN, NATALIE

4610 S. SUNCOAST BLVD 4610 S. SUNCOAST BLVD Address Address

#326 #326

City-State-Zip: HOMOSASSA SPRINGS FL 34447 City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title **DIRECTOR** Title **DIRECTOR** 

Name WRIGHT, LESLEY Name GRIECO, MARIA

Address 4610 S. SUNCOAST BLVD Address 4610 S. SUNCOAST BLVD

> #326 #326

City-State-Zip: HOMOSASSA SPRINGS FL 34447 City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title Title DIRECTOR

SMITH, SHEILA KAPLAN, WENDY Name Name

4610 S. SUNCOAST BLVD 4610 S. SUNCOAST BLVD Address Address

> #326 #326

City-State-Zip: HOMOSASSA SPRINGS FL 34447 City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title **DIRECTOR** Title DIRECTOR Name SHAMSUDIN, MANDY Name SCOTT, TERRI

Address 4610 S. SUNCOAST BLVD Address 4610 S. SUNCOAST BLVD

#326

HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447 City-State-Zip: City-State-Zip:

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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.

03/11/2024 SIGNATURE: STACY BILLINGSLEA **PRESIDENT** 

# Officer/Director Detail Continued:

Title SECRETARY

Name ANDERSON, KASIA

Address 4610 S. SUNCOAST BLVD

#326

City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title DIRECTOR

Address

Name MERINO, ISELA

4610 S. SUNCOAST BLVD #326

City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title TREASURER

Name DIFFENBACH, DAVID

Address 4610 S. SUNCOAST BLVD

#326

City-State-Zip: HOMOSASSA SPRINGS FL 34447