

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007385

Entity Name: MILO'S DOG RESCUE OF SOUTH FLORIDA, INC**Current Principal Place of Business:**49 NORTH FEDERAL HIGHWAY
SUITE 141
POMPANO BEACH, FL 33062**Current Mailing Address:**49 NORTH FEDERAL HIGHWAY
SUITE 141
POMPANO BEACH, FL 33062**FEI Number:** 46-0700381**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BILLINGSLEA, STACY J
49 NORTH FEDERAL HIGHWAY
SUITE 141
POMPANO BEACH, FL 33062 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	BILLINGSLEA, STACY J
Address	49 NORTH FEDERAL HIGHWAY, SUITE 141
City-State-Zip:	POMPANO BEACH FL 33062

Title	T
Name	EDELSTEIN, NATALIE
Address	49 NORTH FEDERAL HIGHWAY, SUITE 141
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	NORWOOD, MERRY
Address	4207 OAK MOUNT DR.
City-State-Zip:	CARROLLTON TX 75010

Title	D
Name	MOORE, MELISSA
Address	8121 N.W. 46TH COURT
City-State-Zip:	LAUDERHILL FL 33351

Title	VP
Name	FORD, DELORA
Address	49 NORTH FEDERAL HIGHWAY SUITE 141
City-State-Zip:	POMPANO BEACH FL 33062

Title	VC
Name	WRIGHT, LESLEY
Address	49 NORTH FEDERAL HIGHWAY SUITE 141
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	GRAHAM, KRISTINA VANDER MALLIE
Address	49 NORTH FEDERAL HIGHWAY SUITE 141
City-State-Zip:	POMPANO BEACH FL 33062

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: STACY BILLINGSLEA**PRESIDENT****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date