

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

DOCUMENT# N12000007385

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC0219224678**

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

Title            DIRECTOR  
Name            GRIECO, MARIA  
Address        49 NORTH FEDERAL HIGHWAY  
                  SUITE 141  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            SMITH, SHEILA  
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 J BILLINGSLEA

**PRESIDENT**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date