2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007385

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

FILED Feb 08, 2022 Secretary of State 5894505527CC

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 Title T

Name BILLINGSLEA, STACY J Name EDELSTEIN, NATALIE

Address 49 NORTH FEDERAL HIGHWAY, Address 49 NORTH FEDERAL HIGHWAY,

SUITE 141 SUITE 141

City-State-Zip: POMPANO BEACH FL 33062 City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR Title DIRECTOR

Name WRIGHT, LESLEY Name GRIECO, MARIA

Address 49 NORTH FEDERAL HIGHWAY Address 49 NORTH FEDERAL HIGHWAY

SUITE 141 SUITE 141

City-State-Zip: POMPANO BEACH FL 33062 City-State-Zip: POMPANO BEACH FL 33062

Title VP Title DIRECTOR

Name SMITH, SHEILA Name KAPLAN, WENDY

Address 49 NORTH FEDERAL HIGHWAY Address 49 NORTH FEDERAL HIGHWAY

SUITE 141 SUITE 141

City-State-Zip: POMPANO BEACH FL 33062 City-State-Zip: POMPANO BEACH FL 33062

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 SHAMSUDIN, MANDY
 Name
 SCOTT, TERRI

Address 49 NORTH FEDERAL HIGHWAY Address 49 NORTH FEDERAL HIGHWAY

SUITE 141 SUITE 141

City-State-Zip: POMPANO BEACH FL 33062 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 02/08/2022