

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001265

Entity Name: ANIMAL ADVOCATES FL, INC.**Current Principal Place of Business:**3312 PALMWAY DRIVE
SANFORD, FL 32773**Current Mailing Address:**P.O. BOX 4321
SANFORD, FL 32772**FEI Number:** 46-1927141**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRIDWELL, AMORET L
3312 PALMWAY DRIVE
SANFORD, FL 32773 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:** AMORET L. BRIDWELL

01/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name BRIDWELL, AMORET
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title DT
Name LAROSA, SUE
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name FRYER, ANDRA
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title D/VP
Name COKINOGENIS, AMANDA
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name BROOKS, MEGHAN L
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name BERGE, SUSIE H
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title D/S
Name BROOKS, FELICITY
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

Title DIRECTOR
Name EDWARDS, TANYA
Address P.O. BOX 4321
City-State-Zip: SANFORD FL 32772

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: SUE A. LAROSA**TREASURER**

01/08/2021

Electronic Signature of Signing Officer/Director Detail

Date