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 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; an above, or on an attachment with all other like empowered.			
SIGNATURE: CATHY CAPPILLINO	PRESIDENT	04/07/2015	

SIGNATURE: CATHY CAPPILLINO

Electronic Signature of Signing Officer/Director Detail

Т Ν 66

# **Officer/Director Detail :**

Onicendired					
Title	D	Title	D		
Name	SMITH, BEVERLEY A	Name	CAPPILLINO, CATHY		
Address	2637 EAST ATLANTIC BLVD. #269	Address	2637 EAST ATLANTIC BLVD. #269		
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062		
Title	D				
nue	Ь				
Name	SHARET, TRISH				
Address	2637 EAST ATLANTIC BLVD. #269				
City-State-Zip:	POMPANO BEACH FL 33062				

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N14000001339

Entity Name: EVERGLADES ABANDONED DOG RESCUE, INC.

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

2637 EAST ATLANTIC BLVD. #269 POMPANO BEACH, FL 33062

### **Current Mailing Address:**

2637 EAST ATLANTIC BLVD.#269 POMPANO BEACH. FL 33062

#### FEI Number: 46-4812463

# Name and Address of Current Registered Agent:

MINDE, JEFFREY H ESQ. 4613 NORTH UNIVERSITY DRIVE #242 CORAL SPRINGS, FL 33067 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

FILED Apr 07, 2015 Secretary of State CC6760822514

Certificate of Status Desired: No

Date

04/07/2015

Date