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: LEANN M. LUND

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Certificate of Status Desired: No

ate of Florida.

Officer/Director Detail : Title Title D D Name ANDERSON, MARY KELLY Name LUND, LEANN 6552 ALAN A DALE TRAIL Address Address 6552 ALAN A DALE TRAIL City-State-Zip: TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 City-State-Zip:



LUND, LEAINN	
6552 ALAN A DAL	E TRAIL
TALLAHASSEE, F	L 32309 US
The above named er	tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta
SIGNATURE:	
	Electronic Signature of Registered Agent

Entity Name: CROSSROADS SHIH TZU RESCUE, INC

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

6552 ALAN A DALE TRAIL TALLAHASSEE, FL 32309

DOCUMENT# N14000001453

Current Mailing Address:

2910 KERRY FOREST PARKWAY D-4-188 TALLAHASSEE, FL 32309 US

FEI Number: 26-2942414

Name and Address of Current Registered Agent:

IUND I FANN

FILED Mar 08, 2016

Secretary of State CC0229358292

Date

03/08/2016

Date