

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008919

**Entity Name:** BARKY PINES ANIMAL RESCUE & SANCTUARY INC.

**Current Principal Place of Business:**

6521 CAROL ST  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

6521 CAROL ST  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 47-1934556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACCOMANDO, STEFANO  
6521 CAROL ST  
LOXAHATCHEE, FL 33470 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 CEO  
Name            ACCOMANDO, STEFANO  
Address        6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

Title            DIRECTOR, GOVERNANCE SECY  
TREAS INTERNAL EXTERNAL  
Name            ACCOMANDO, ELIZABETH  
Address        6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

Title            DIRECTOR OF PERSONNEL  
Name            ACCOMANDO, JENNIFER  
Address        136 WEDGEWOOD DR  
City-State-Zip: HAUPPAUGE NY 11760

Title            DIRECTOR, GOVERNANCE  
Name            JURIM, MARGHERITA  
Address        125 GLEN RD  
City-State-Zip: N. BABYLON NY 11703

Title            DIRECTOR EXTERNAL COMMITTEE  
Name            CHESSMAN, NOEL  
Address        17294 38TH LANE N  
City-State-Zip: LOXAHATCHEE FL 33470

Title            DIRECTOR INTERNAL COMMITTEE  
Name            MONTANARO, MARY  
Address        6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

Title            DIRECTOR EXTERNAL COMMITTEE  
Name            FREEMAN, ALYSSA  
Address        160 MEADOWLARK DR  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            DIRECTOR, GOVERNANCE LEGAL  
COUNSEL  
Name            FISHER, JEFFREY  
Address        515 N FLAGLER DR  
SUITE 800  
City-State-Zip: WEST PALM BEACH FL 33401

**Continues on page 2**

*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:** ELIZABETH A ACCOMANDO

VP

03/01/2022

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR EXTERNAL COMMITTEE  
Name            MURPHY, JULIA  
Address        201 N DIXIE HWY  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            DIRECTOR EXTERNAL COMMITTEE  
Name            ROSS , ABBY  
Address        711 SOUTH M ST  
City-State-Zip: LAKE WORTH FL 33460