

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 P  
Name ACCOMANDO, STEFANO  
Address 6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

Title VP, DIRECTOR  
Name ACCOMANDO, ELIZABETH  
Address 6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

Title SECRETARY  
Name ACCOMANDO, ELIZABETH ANNE  
Address 6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR  
Name ACCOMANDO, ELIZABETH  
Address 6521 CAROL ST  
City-State-Zip: LOXAHATCHEE FL 33470

*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 ACCOMANDO

VP

06/10/2018

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

\_\_\_\_\_  
Date