

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500000802

**Entity Name:** SWAMP HAVEN RESCUE, INC.

**Current Principal Place of Business:**

5349 CYPRESS LINKS BLVD  
ELKTON, FL 32033

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC7968352934**

**Current Mailing Address:**

5349 CYPRESS LINKS BLVD  
ELKTON, FL 32033 US

**FEI Number: 47-2921848**

**Certificate of Status Desired: Yes**

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

KELLEY, LINDSEY M  
5349 CYPRESS LINKS BLVD  
ELKTON, FL 32033 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 KELLEY, LINDSEY M  
Address 5349 CYPRESS LINKS BLVD  
City-State-Zip: ELKTON FL 32033

Title TREASURER  
Name KELLEY, PETER J IV  
Address 5349 CYPRESS LINKS BLVD  
City-State-Zip: ELKTON FL 32033

Title VP  
Name KELLEY, ALYSSA M  
Address 125 DELTONA BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title SECRETARY  
Name SHEARER, HANNAH  
Address 5290 DATIL PEPPER ROAD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name JANIK, ZACHARY  
Address 926 VISCAYA BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

*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: LINDSEY KELLEY**

**PRESIDENT**

**01/11/2018**

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

\_\_\_\_\_  
Date