#### 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

Electronic Signature of Signing Officer/Director Detail

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.

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	Ρ	Title	S		
Name	KELLEY, LINDSEY M	Name	KELLEY, ALYSS		
Address	5349 CYPRESS LINKS BLVD	Address	125 DELTONA B		
City-State-Zip:	ELKTON FL 32033	City-State-Zip:	ST. AUGUSTINE		

City-State-Zip:	ELKTON FL 32033
Title	т
Name	SHEARER, HANNAH
Address	5290 DATIL PEPPER ROAD

City-State-Zip:	ELKTON FL 32033		
Title	т		
Name	SHEARER, HANNAH		
Address	5290 DATIL PEPPER ROAD		
City-State-Zip:	ST. AUGUSTINE FL 32086		

2020 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

## **Current Mailing Address:**

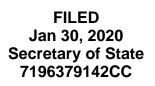
5349 CYPRESS LINKS BLVD ELKTON, FL 32033 US

## FEI Number: 47-2921848

# Name and Address of Current Registered Agent:

KELLEY, LINDSEY M 5349 CYPRESS LINKS BLVD ELKTON, FL 32033 US

SIGNATURE:



Certificate of Status Desired: No

SA M BLVD E FL 32086

PRESIDENT

01/30/2020

Date