

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000802

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

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 JANI, 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