

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000271

Entity Name: FLUFF ANIMAL RESCUE, INC**Current Principal Place of Business:**9400 SEMINOLE BLVD
SEMINOLE, FL 33772**Current Mailing Address:**PO BOX 8745
SEMINOLE, FL 33775 US**FEI Number:** 81-1076289**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHANDLER, KIMBERLY
11399 81ST PLACE
SEMINOLE, FL 33772 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
Name CHANDLER, KIMBERLY
Address 11399 81ST PLACE
City-State-Zip: SEMINOLE FL 33772

Title VP
Name CONNER, JOYCE D
Address 9034 GOLDEN HORSESHOE DR
City-State-Zip: SEMINOLE FL 33777

Title EXECUTIVE BOOKKEEPER
Name JOB, MARILYN DENISE
Address 739 EARLS COURT
City-State-Zip: SAFETY HARBOR FL 34695

Title ASST. SECRETARY, TO THE
 PRESIDENT
Name MCLAUGHLIN, KELLY
Address 12173 KAY DR
City-State-Zip: SEMINOLE FL 33772

Title MARKETING AND
 FUNDRAISING/EVENT COORDINATOR
Name HALL, JENNYE
Address 9400 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772

Title COMMUNITY
 DEVELOPMENT/INVOLVEMENT
 DIRECTOR
Name GIBBON, ANDRIA
Address 9400 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772

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: KIMBERLY CHANDLER**PRESIDENT****01/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date