2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000271

FILED
Apr 23, 2021
Secretary of State
8346200935CC

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

Title	DIRECTOR, VETERINARY SERVICES
Name	WHITE, JULIE MCKINSEY
Address	11375 PARK 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

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

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

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 — 04/23/2021

Electronic Signature of Signing Officer/Director Detail — Date