

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012857

Entity Name: PROVERBS 12:10 CAT RESCUE, INC.**Current Principal Place of Business:**5781 NE ROCKY FORD RD
MADISON, FL 32340**Current Mailing Address:**PO BOX 322
PINETTA, FL 32350 US**FEI Number: 83-3597823****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, GINA D
5781 NE ROCKY FORD RD
MADISON, FL 32340 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	PD
Name	DAVIS, GINA
Address	5781 NE ROCKY FORD RD
City-State-Zip:	MADISON FL 32340

Title	VSD
Name	DAVIS, DINA
Address	4266 BENCHMARK TRACE
City-State-Zip:	TALLAHASSEE FL 32317

Title	CEOD
Name	DAVIS, GEORGE W
Address	5757 NE ROCKY FORD RD
City-State-Zip:	MADISON FL 32340

Title	TD
Name	DAVIS, VONNIE
Address	5757 NE ROCKY FORD RD
City-State-Zip:	MADISON FL 32340

Title	D
Name	RAMIREZ, MARY LOU
Address	11916 160TH TERRACE
City-State-Zip:	MCALPIN FL 32062

Title	D
Name	SWICKLEY, EVE
Address	478 MANANA RANCH RD
City-State-Zip:	MONTICELLO FL 32344

Title	D
Name	THOMAS, CHERYELL
Address	5401 NE ROCKY FORD RD
City-State-Zip:	MADISON FL 32340

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: GINA DAVIS**PRESIDENT, DIRECTOR****06/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date