

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28933

Entity Name: PET PAL RESCUE, INC.**Current Principal Place of Business:**405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712**Current Mailing Address:**405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712**FEI Number:** 59-2967819**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DALY, SCOTT A
405 22ND ST S.
ST. PETE, FL 33712 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	LIGGINS, JUNE
Address	405 22ND STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

Title	DIRECTOR, TREASURER
Name	DALY, SCOTT
Address	405 22ND STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

Title	DIRECTOR
Name	MEAD, JOHN DVM
Address	405 22ND ST S
City-State-Zip:	ST PETERSBURG FL 33712

Title	BOARD MEMBER
Name	DELONG, KATHY
Address	405 22ND STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

Title	SECRETARY
Name	GERSON, SHARON
Address	405 22ND STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

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: SCOTT DALY**DIRECTOR****02/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date