

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51048

**Entity Name:** ANIMAL RESCUE OF LABELLE, INC.

**Current Principal Place of Business:**

463 EAST LINCOLN AVENUE  
LABELLE, FL 33935

**Current Mailing Address:**

POST OFFICE BOX 2441  
LABELLE, FL 33935

**FEI Number:** 65-0404638

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BILES, ANGEL FAYE  
915 NOBLES PLACE  
LABELLE, FL 33935 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:** ANGEL FAYE BILES

04/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BILES, ANGEL FAYE  
Address 915 NOBLES PLACE  
City-State-Zip: LABELLE FL 33935

Title D  
Name GLENN, TRUDY  
Address 750 TROPICANA ST  
City-State-Zip: LABELLE FL 33935

Title DIRECTOR  
Name PEREZ, AUSTIN LEE  
Address 915 NOBLES PLACE  
City-State-Zip: LABELLE FL 33935

Title VP  
Name VAZQUEZ-MALDONADO, RAMON HUGO  
Address 340 S MAYORAL ST  
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR  
Name PEREZ, COURTNEY ANN  
Address 915 NOBLES PLACE  
City-State-Zip: LABELLE FL 33935

*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:** ANGEL FAYE BILES

PD

04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date