

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005704

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** LOST WOLF RESCUE, INC.

**Current Principal Place of Business:**

2608 SECOND AVENUE NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

5725 N APOPKA VINELAND RD  
ORLANDO, FL 32818

**Current Mailing Address:**

2608 SECOND AVENUE NORTH  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

5725 N APOPKA VINELAND RD  
ORLANDO, FL 32818

**FEI Number:** 34-1997230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRINKA, JOANNE  
2608 SECOND AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

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

KAPES, KIM  
5725 N APOPKA VINELAND RD  
ORLANDO, FL 32818 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: KIM KAPES

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KAPES, KIM  
Address: 5725 N APOPKA VINELAND RD  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: LITTLE, COLLEEN A  
Address: 2608 2ND AVE NO  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D  
Name: BROWN, ERIC  
Address: 144 147TH AVENUE  
City-St-Zip: MADEIRA BEACH, FL 33708

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: KIM KAPES

P

02/03/2011

Electronic Signature of Signing Officer or Director

Date