

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005704

FILED  
Apr 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5725 N APOPKA VINELAND RD  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

5725 N APOPKA VINELAND RD  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 34-1997230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**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

PRES

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date