

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009004

FILED  
Jan 07, 2012  
Secretary of State

Entity Name: SAFE PET RESCUE, INC.

**Current Principal Place of Business:**

6101 A1A SOUTH  
STE. # 103  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 840215  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 26-3307436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KANTNER-NORDAN, ROBIN  
5489 2ND STREET  
ST. AUGUSTINE, FL 32080 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: KANTNER-NORDAN, ROBIN  
Address: 5489 2ND STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP  
Name: MOTLEY, JEAN  
Address: 103 CARRIAGE DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: S  
Name: BASCHE, KAREN  
Address: 5400 WIND & TIDE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T  
Name: PETERMAN, DONALD  
Address: 124 CEDAR CREEK ROAD  
City-St-Zip: PALATKA, FL 32177

Title: ALB  
Name: MUSSOLINE, CAROLE  
Address: 122 OLD BRICK ROAD  
City-St-Zip: EAST PALATKA, FL 32131

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: DON PETERMAN

TRES

01/07/2012

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

\_\_\_\_\_  
Date