

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008418

FILED
Apr 12, 2012
Secretary of State

Entity Name: WEIMARANER RESCUE RANCH OF FLORIDA, INC.

Current Principal Place of Business:

11334 81ST COURT NORTH
WEST PALM BEACH, FL 33412

New Principal Place of Business:

10948 ACME RD.
WELLINGTON, FL 33414

Current Mailing Address:

1090 JUPITER PARK DR.
SUITE 201
JUPITER, FL 33458

New Mailing Address:

FEI Number: 27-3387628 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CROWELL, BETH CPA
935 TOWNHALL AVE.
JUPITER, FL 33458 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: SIMMONS, LAUREN
Address: 1090 JUPITER PARK DR.
City-St-Zip: JUPITER, FL 33458 US

Title: VP
Name: WEINBERGER, MEGAN
Address: 129 VIA BOSQUE
City-St-Zip: JUPITER, FL 33458 US

Title: D
Name: FIOCCOPRILE, KATE
Address: 6631 CRISTINA MARIE DR
City-St-Zip: ORLANDO, FL 32835 US

Title: D
Name: PIPEL, MELISSA
Address: 9322 PALM TREE DR
City-St-Zip: WINDERMERE, FL 34786 US

Title: D
Name: PADGETT, EMILY
Address: 12127 FRUITWOOD DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D
Name: SMITH, LAURIE
Address: 5151 BURNETT ST.
City-St-Zip: PORT CHARLOTTE, FL 33981 US

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: LAUREN SIMMONS

PRES

04/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date