

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

DOCUMENT# N10000009303

**FILED**  
**May 13, 2011**  
**Secretary of State**

**Entity Name:** RESCUE ADOPTION INC.

**Current Principal Place of Business:**

3802 OLEANDER AVE  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

3802 OLEANDER AVE  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

**FEI Number:** 80-0649659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONSALVE, DAGMARA K  
3802 OLEANDER AVE  
FORT PIERCE, FL 34982 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:** MONSALVE, DAGMARA K  
**Address:** 1731 SE CLEARMONT ST  
**City-St-Zip:** PORT ST LUCIE, FL 34983 US

**Title:** DIR  
**Name:** BOUDOUSQUIE, JERICA  
**Address:** 634 RIDGELY AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34983 US

**Title:** DIR  
**Name:** STEINHART, APRYL  
**Address:** 728 SE MICHAELS CT  
**City-St-Zip:** STUART, FL 34996 US

**Title:** DIR  
**Name:** TROWBRIDGE, ASHLEY  
**Address:** 1937 NW AZALEA ST  
**City-St-Zip:** STUART, FL 34994 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:** DAGMARA MONSALVE

PRES

05/13/2011

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

\_\_\_\_\_  
Date