

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39034

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** MELISSA'S RESCUE CORPORATION

**Current Principal Place of Business:**

1255 EVERGLADES AVE.  
CLEWISTON, FL 33440

**New Principal Place of Business:**

1255 EVERGLADES AVE.  
CLEWISTON, FL 334408977

**Current Mailing Address:**

PO BOX 2861  
CLEWISTON, FL 33440

**New Mailing Address:**

PO BOX 2861  
CLEWISTON, FL 334406861

FEI Number: 65-0210049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIEDT, MIMI  
1255 EVERGLADES AVE.  
CLEWISTON, FL 33440 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: PTD  
Name: WRIEDT, MIMI  
Address: 1255 EVERGLADES AVE  
City-St-Zip: CLEWISTON, FL 334408977 US

Title: D  
Name: WRIEDT-BOYD, P. W  
Address: 6 VIOLET LANE  
City-St-Zip: WESTPORT, CT 06880 US

Title: VPSD  
Name: SHAPERO, BERTRAM M  
Address: 1128 ROYAL PALM BEACH BLVD., # 404  
City-St-Zip: ROYAL PALM BEACH, FL 334111607 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: BERTRAM M. SHAPERO

VPSD

03/01/2012

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

\_\_\_\_\_  
Date