2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2014
Secretary of State
CC9437774794

DOCUMENT# N01000000586

Entity Name: F.I.N.O. DOGGIE RESCUE, INC.

Current Principal Place of Business:

5872 NW 75TH WAY
PARKLAND, FL 33067-1239

Current Mailing Address:

5872 NW 75TH WAY
PARKLAND, FL 33067-1239

FEI Number: 31-1783877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIS, W. WORDEN
5872 NW 75TH WAY
PARKLAND, FL 33067-1239 US

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

Officer/Director Detail :

Title	DPT
Name	WILLIS, W. WORDEN
Address	5872 NW 75TH WAY
City-State-Zip:	PARKLAND FL 33067-1239

Title	DV
Name	WHITEMAN, MACLIN
Address	6666 BROOKMONT TERRACE # 110
City-State-Zip:	NASHVILLE TN 37205

Title	DV
Name	STALEY, NANCY
Address	5425 TAMMY LANE
City-State-Zip:	HOLIDAY FL 34690-4154

Title	DV
Name	BOCK, FRANCES CHEUNG
Address	2424 WEST TAMPA BAY BLVD. # D-103
City-State-Zip:	TAMPA, FL 33607

Title	SECRETARY, DV
Name	BARASCH, SUSAN
Address	7330 NW 8TH STREET
City-State-Zip:	MARGATE FL 33063

Title	DV
Name	CHANNON, MAXINE
Address	7256 RICHMOND RD
City-State-Zip:	WARSAW VA 22572

Title	DV
Name	FABRIZZIO, MICHAEL
Address	245 ESSEX LANE
City-State-Zip:	WEST PALM BEACH FL 33405-3329

Title	DV
Name	PRESSIER, LEXI
Address	960 SW 74TH TERRACE
City-State-Zip:	PLANTATION FL 33317

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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: W. WORDEN WILLIS PDT 09/08/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	MCLESTER, CHRIS
Address	13459 MOSSY CYPRESS DR.
City-State-Zip:	JACKSONVILLE FL 32223-5021

Title	DV
Name	GREEN, HOWARD
Address	327 COVERED BRIDGE RD.
City-State-Zip:	MARIETTA GA 30082-3607

Title	DV
Name	WILLIAMSON, JAMES
Address	113 WEST LAUREL TRACE
City-State-Zip:	JASPER GA 30143-4404