#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100005674

Entity Name: EARS - ENDANGERED ANIMAL RESCUE SANCTUARY, INC.

FILED Feb 12, 2015 Secretary of State CC4081785012

## **Current Principal Place of Business:**

2615 E. HWY. 318 CITRA. FL 32113

### **Current Mailing Address:**

P.O BOX 3686 OCALA. FL 34478

FEI Number: 59-3741622 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

PERRETT, JAYE 2630 SE LAKE WEIR AVE OCALA, FL 34471 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	PD	Title	VPD

 Name
 PERRETT, JAYE
 Name
 BOWEN, GAIL A

 Address
 P.O BOX 3686
 Address
 2615 E HWY 318

 City-State-Zip:
 OCALA FL 34478
 City-State-Zip: CITRA FL 32113

Title STD Title D

Name BOWEN, CHRISTINA Name NASSIVERA, SUE

Address 2615 E HWY 318 Address 2250 NE 70TH STREET

City-State-Zip: CITRA FL 32113 City-State-Zip: OCALA FL 34479

Title D Title DIRECTOR

Name CHASTAIN, BRENDA Name GRAVES, DIANA DR.

Address 101 PROGRESS DRIVE Address 2551 SE LAKE WEIR AVE

City-State-Zip: RINCON GA 31326 City-State-Zip: OCALA FL 34471

Title DIRECTOR Title DIRECTOR

Name AUGUGLIARO, SANDRA Name FRALICK, CHERYL

Address 601 NE 49TH ST Address 108 DAWN LAUREN LANE
City-State-Zip: OCALA FL 34479 City-State-Zip: TALLAHASSEE FL 32301

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: JAYE PERRETT PRESIDENT 02/12/2015