2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2021
Secretary of State
8301943393CC

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Entity Name: ANIMAL RESCUE FORCE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5115 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405

Current Mailing Address:

5115 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405 US

FEI Number: 20-3420468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON, KRISTIN
13128 43RD ROAD NORTH
ROYAL PALM BEACH, FL 33411 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: KRISTIN LARSON 04/07/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	LARSON, KRISTIN
Address	13128 43RD ROAD NORTH
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	TREASURER
Name	OKEAN, LINDA
Address	10194 WILLOW LANE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	CERBONE, DALTON
Address	3012 VINCENT RD.
City-State-Zip:	WEST PALM BEACH FL 33405

Title	RECORDING SECRETARY
Name	CORVINO, JENNIFER
Address	9781 LAKEVIEW LANE
City-State-Zip:	PARKLAND FL 33076

Title	DIRECTOR
Name	POORE, DANA
Address	21634 CLUB VILLA TERRACE
City-State-Zip:	BOCA RATON FL 33433

Title	DIRECTOR
Name	VOLKMUTH, BARBARA
Address	241 PINE HOV CIRCLE B1
City-State-Zip:	GREENACRES FL 33463

Title	PRESIDENT
Name	DEAVERS, PATRICIA
Address	23 MISTY MEADOW DR.
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIRECTOR
Name	REITER, ABBY
Address	810 N. FEDERAL HIGHWAY
City-State-Zip:	LAKE WORTH FL 33460

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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: LINDA OKEAN TREASURER 04/07/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RUSSO, CAROL
Address	4507 NW 3RD DRIVE
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	ACOSTA, ELIZABETH
Address	4525 NW 3RD DRIVE
City-State-Zip:	DELRAY BEACH FL 33445