## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000010388

Entity Name: THE EMILY VERNON FOUNDATION FOR HOMELESS AND

ABUSED ANIMALS INC.

**Current Principal Place of Business:** 

5315 SOUTH SHORE BLVD. WELLINGTON, FL 33449

## **Current Mailing Address:**

BELLER SMITH, PL 2101 NW CORPORATE BLVD. #316 BOCA RATON, FL 33431

FEI Number: 20-3597800 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BELLER, AMY B BELLER SMITH, P.L. 2101 NW CORPORATE BLVD. #316 BOCA RATON, FL 33431 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 VPTD

Name SCANLON, TIMOTHY Name SCANLON, SHARON

Address 5315 SOUTH SHORE BLVD. Address 5315 SOUTH SHORE BLVD.

City-State-Zip: WELLINGTON FL 33449 City-State-Zip: WELLINGTON FL 33449

Title DIRECTOR Title D

Name THOMAS , SCANLON Name MENDEZ, EDWIN

Address 1590 RIVERWOOD LANE Address 6405 EVANS STREET

City-State-Zip: CORAL SPRINGS FL 33071 City-State-Zip: HOLLYWOOD FL 33024

Title DIRECTOR Title DIRECTOR

Name CALI, JOSEPH Name GIOVINCO, ARIEL

Address 169 BENNETT AVENUE Address 13527 BARCELONA LAKE CIRCLE

City-State-Zip: STATEN ISLAND NY 10314 City-State-Zip: DELRAY BEACH FL 33446

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.

**FILED** 

Nov 12, 2014

Secretary of State CC1815706603