

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001716

**Entity Name:** ANIMAL SHELTER FOUNDATION, INC.

**Current Principal Place of Business:**

1206 WALTON DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

P.O. BOX 13858  
TALLAHASSEE, FL 32317

**FEI Number:** 56-2643835

**Certificate of Status Desired:** No

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

MACFALL, KATE  
1206 WALTON DRIVE  
TALLAHASSEE, FL 32312 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            PRESIDENT  
Name            PERLMAN, LAUREN  
Address        P.O. BOX 13858  
City-State-Zip: TALLAHASSEE FL 32317

Title            TREASURER  
Name            SHIRLEY, PAULA  
Address        P.O. BOX 13858  
City-State-Zip: TALLAHASSEE FL 32317

Title            VP  
Name            MACFALL, KATE  
Address        P.O. BOX 13858  
City-State-Zip: TALLAHASSEE FL 32317

Title            SECRETARY  
Name            VACANT  
Address        P.O. BOX 13858  
City-State-Zip: TALLAHASSEE FL 32317

*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:** SHIRLEY, PAULA

**TRESURER**

**02/11/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date