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: SUSAN LAMBERT

I

Entity Name: ELIZABETH'S ANIMAL RESCUE & SANCTUARY, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1644 ALTAMONT LN. ODESSA, FL 33556

Current Mailing Address:

1644 ALTAMONT LN. ODESSA, FL 33556

FEI Number: 27-1899905

Name and Address of Current Registered Agent:

LAMBERT, SUSAN D 1630 ALTAMONT LN ODESSA, FL 33556 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

Officer/Director Detail :

Title	Р	Title	V
Name	LAMBERT, SUSAN D	Name	LAMBERT, BUEL
Address	1630 ALTAMONT LN.	Address	1630 ALTAMONT LN.
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556
Title	т		
Name	DAVIES, HAZEL		
Address	1644 ALTAMONT LN.		
City-State-Zip:	ODESSA FL 33556		

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

FILED Apr 15, 2014 Secretary of State CC4205728811

Certificate of Status Desired: No

Date

04/15/2014 Date