I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electr	ronic 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 requ	uired by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.	

#### SIGNATURE: SUSAN LAMBERT

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Title	Ρ	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.					

# Offic

City-State-Zip: ODESSA FL 33556

cer/Direc	ctor Detail :		
	Р	Title	V
e	LAMBERT, SUSAN D	Name	LAMBERT, BUE
ess	1630 ALTAMONT LN.	Address	1630 ALTAMON
State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33

# **Current Mailing Address:**

**Current Principal Place of Business:** 

1644 ALTAMONT LN. ODESSA, FL 33556

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

SIGNATURE:

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N1000002311

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

FILED Feb 16, 2016 Secretary of State CC3790729837

Date

Certificate of Status Desired: No

Date

02/16/2016

PRES.