

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005686

**Entity Name:** FLORIDA STATE ANIMAL RESPONSE COALITION, INC.

**Current Principal Place of Business:**

235 APOLLO BEACH BOULEVARD  
SUITE #311  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

235 APOLLO BEACH BOULEVARD  
SUITE #311  
APOLLO BEACH, FL 33572 US

**FEI Number:** 27-2884191

**Certificate of Status Desired:** Yes

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

VON GONTARD, CONSUELO M  
235 APOLLO BEACH BOULEVARD  
SUITE #311  
APOLLO BEACH, FL 33572 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:** CONSUELO VON GONTARD

01/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BROOKS, CONCHITA O  
Address 4220 23RD NO  
City-State-Zip: ST PETERSBURG FL 33713

Title DT  
Name BEVAN, LAURA A  
Address 2936 JOYCE DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name VON GONTARD, CONSUELO M  
Address 925 BUNKER VIEW DR  
City-State-Zip: APPOLLO BEACH FL 33572

Title DIRECTOR  
Name FORBERG, MELISSA S  
Address 5756 HWY 1087  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

*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:** CONSUELO VON GONTARD

**DIRECTOR OR TRAINING** 01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date