

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004860

**Entity Name:** LABOR OF LOVE ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

2902 STEARNS ROAD  
VALRICO, FL 33596

**Current Mailing Address:**

2902 STEARNS ROAD  
VALRICO, FL 33596 US

**FEI Number:** 20-5335017

**Certificate of Status Desired:** No

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

JOHNSTON, AMY S  
2902 STEARNS ROAD  
VALRICO, FL 33596 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 ED  
Name JOHNSTON, AMY S  
Address 2902 STEARNS ROAD  
City-State-Zip: VALRICO FL 33596

Title MEDICAL DIRECTOR  
Name RIVERA, RAUL DR.  
Address 15264 FISH HAWK BLVD  
City-State-Zip: LITHIA FL 33547

Title SECRETARY  
Name JOHNSTON, ELENA MARLETTE  
Address 3916 BUCKINGHAM LOOP DRIVE  
City-State-Zip: VALRICO FL 33596

Title TREASURER  
Name VOYKIN, DAVID NICHOLAS  
Address 2902 STEARNS ROAD  
City-State-Zip: VALRICO FL 33596

Title DIRECTOR  
Name NALLEY, CHRISTOPHER  
Address 15258 FISH HAWK BLVD.  
City-State-Zip: LITHIA FL 33547

*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:** AMY JOHNSTON

**EXECUTIVE DIRECTOR**

**02/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date