

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010288

**Entity Name:** DOGS IN CRISIS, INC.**Current Principal Place of Business:**16241 SW 282ND ST  
HOMESTEAD, FL 33031**Current Mailing Address:**16241 SW 282ND ST  
HOMESTEAD, FL 33031**FEI Number:** 46-1180600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSSO, LAURA LESQ  
2655 LEJEUNE RD SUITE PH 2-B  
CORAL GABLES, FL 33134 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	PD
Name	RICHARDSON, KATHLEEN
Address	16241 SW 282ND ST
City-State-Zip:	HOMESTEAD FL 33031

Title	VD
Name	GAITAIN, MONICA
Address	16626 SW 299TH TERR
City-State-Zip:	HOMESTEAD FL 33033

Title	STD
Name	MALLOCK, ILENE T
Address	28123 SW 158TH CT
City-State-Zip:	HOMESTEAD FL 33031

Title	DIRECTOR
Name	SPADARO, AMY B
Address	16241 SW 282ND ST
City-State-Zip:	HOMESTEAD FL 33031

Title	DIRECTOR
Name	WRIGHT, MICHELE
Address	16241 SW 282ND ST
City-State-Zip:	HOMESTEAD FL 33031

Title	DIRECTOR
Name	MITCHELL, JAN
Address	16241 SW 282ND ST
City-State-Zip:	HOMESTEAD FL 33031

Title	DIRECTOR
Name	MITCHELL, JAN
Address	16241 SW 282 STREET
City-State-Zip:	HOMESTEAD FL

*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:** KATHLEEN RICHARDSON**PRESIDENT****02/08/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date