

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

DOCUMENT# N13000002879

**Entity Name:** ISLAND PAWS RESCUE, INC.

**Current Principal Place of Business:**

12401 ORANGE DRIVE  
STE 222  
DAVIE, FL 33330

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC1232554460**

**Current Mailing Address:**

PO BOX 10593  
POMPANO BEACH, FL 33061 US

**FEI Number: 46-2382155**

**Certificate of Status Desired: No**

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

ITKIN, SCOTT E  
5001 SOUTH UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 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            D/C  
Name            JACOBS, JOHANNA  
Address        P.O. BOX 10593  
City-State-Zip: POMPANO BEACH FL 33061

Title            D  
Name            RAPHAEL, LINDSAY  
Address        110 SE SIXTH STREET, SUITE 1500  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            D  
Name            MELILLO, KELLY  
Address        GENERAL DELIVERY  
City-State-Zip: BIMINI, BAHAMAS

Title            OFFICER  
Name            FYKE, LAUREN  
Address        227 SW 7TH ST  
City-State-Zip: POMPANO BEACH FL 33060

*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: JOHANNA JACOBS**

**DIRECTOR**

**03/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date