

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

DOCUMENT# N13000002879

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

**Current Principal Place of Business:**

16565 NE 26TH AVENUE, #4A  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

P.O. BOX 10593  
POMPANO BEACH, FL 33160

**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: POMPAN BEACH FL 33061

Title D  
Name KOVACK, STACEY  
Address 2650 NE 6TH STREET  
City-State-Zip: POMPAN BEACH FL 33062

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: POMPAN 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**

**03/08/2016**

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

\_\_\_\_\_  
Date