

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

DOCUMENT# N15000012142

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC4955464172**

**Entity Name:** CASTAWAYS ANIMAL RESCUE EFFORT, INC.

**Current Principal Place of Business:**

1940 NW 33 STREET  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

1940 NW 33 STREET  
OAKLAND PARK, FL 33309

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GOLD, HOPE  
1940 NW 33 STREET  
OAKLAND PARK, FL 33309 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 P  
Name GOLD, HOPE  
Address 1940 NW 33 STREET  
City-State-Zip: OAKLAND PARK FL 33309

Title VP  
Name HANNER, CHRISTINE  
Address 159 W HEMINGWAY CIRCLE  
City-State-Zip: MARGATE FL 33063

Title T  
Name MYER, ROBERTA  
Address 9806 NW 26 STREET  
City-State-Zip: SUNRISE FL 33322

Title S  
Name PATTERSON, DANNIE  
Address 1820 NW 36 STREET  
City-State-Zip: OAKLAND PARK FL 33309

*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:** HOPE GOLD

**PRESIDENT**

**03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date