

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005930

**Entity Name:** BELL'S PROMISE ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

11005 ROCKRIDGE ROAD  
LAKELAND, FL 33809

**Current Mailing Address:**

11005 ROCKRIDGE ROAD  
LAKELAND, FL 33809

**FEI Number:** 81-2952487

**Certificate of Status Desired:** Yes

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

MORRIS, CHERYL  
11005 ROCKRIDGE ROAD  
LAKELAND, FL 33809 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, S  
Name MORRIS, CHERYL  
Address 11005 ROCKRIDGE ROAD  
City-State-Zip: LAKELAND FL 33809

Title T  
Name MORRIS, RONNIE  
Address 11005 ROCKRIDGE ROAD  
City-State-Zip: LAKELAND FL 33809

Title D  
Name EAKES, MAYRA  
Address 13350 SW 101ST STREET  
City-State-Zip: MIAMI FL 33186

Title D  
Name SEAVEY, COURTNEY  
Address 5690 NE 37TH STREET  
City-State-Zip: SILVER SPRINGS FL 34408

Title D  
Name SIZEMORE WEBSTER, DIANA  
Address 2005 NE 52ND STREET  
City-State-Zip: OCALA FL 34479

Title DIRECTOR  
Name GEITZ, MICHELE  
Address 260 PROSPECT AVE.  
APT. 857  
City-State-Zip: HACKENSACK NJ 07601

Title DIRECTOR  
Name FERRARO, BETHANNE  
Address 12506 SW 6TH CT  
City-State-Zip: DAVIE FL 33325

*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:** CHERYL MORRIS

**PRESIDENT AND  
SECRETARY**

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date