

2018 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 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

Title DIRECTOR
Name DARCY, CHRISTINE
Address 5526 GABLE LANE
City-State-Zip: JACKSONVILLE FL 32211

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, SECRETARY 04/15/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date