

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

DOCUMENT# F15000003300

**Entity Name:** FARM SANCTUARY, INC.**Current Principal Place of Business:**3100 AIKENS ROAD  
WATKINS GLEN, NY 14891**Current Mailing Address:**PO BOX 150  
WATKINS GLEN, NY 14891**FEI Number:** 51-0292919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN  
Name BARSEMA, STACEY  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title PRESIDENT  
Name BAUR, GENE  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title CFO  
Name MELODY, LEILA  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title CEO  
Name LYNCH, HARRY  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title VC  
Name COSTA, JAMES  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title SECRETARY  
Name HOFFMAN, JANE  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title TREASURER  
Name MILAZZO, ANTHONY  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title GENERAL COUNSEL  
Name MELROSE, KERA ESQ.  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

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*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:** KERA MELROSE**GENERAL COUNSEL****01/10/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BEGNAL, DORR  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name WATKINS, MEGAN  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name ALLIERI, CHRIS  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name DESCHANEL, EMILY  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name ICARD, CAMERON  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name ARONOFF, YONATON  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name HUBERMAN, TAMAR  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891

Title DIRECTOR  
Name DEVON, LYN  
Address PO BOX 150  
City-State-Zip: WATKINS GLEN NY 14891