

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004860

**Entity Name:** LABOR OF LOVE ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

2902 STEARNS ROAD  
VALRICO, FL 33596

**Current Mailing Address:**

1411 E. JEAN STREET  
TAMPA, FL 33604 US

**FEI Number:** 20-5335017

**Certificate of Status Desired:** No

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

VAN LEW, LISA K  
1411 E. JEAN ST  
TAMPA, FL 33604 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 ED  
Name JOHNSTON, AMY S  
Address 2902 STEARNS ROAD  
City-State-Zip: VALRICO FL 33596

Title MD  
Name VAN LEW, LISA K  
Address 1411 E. JEAN STREET  
City-State-Zip: TAMPA FL 33604

Title TREASURER  
Name LUNDY, COURTNEY  
Address 808 BUNKER VIEW DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title EXECUTIVE SECRETARY  
Name SLOAN, SUE  
Address 7024 ALAFIA DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title MEDICAL DIRECTOR  
Name RIVERA, RAUL DR.  
Address 15264 FISH HAWK BLVD  
City-State-Zip: LITHIA FL 33547

Title DIRECTOR OF ANIMAL COMMUNICATIONS  
Name YEAZELL, JUDIE  
Address P.O. BOX 115  
City-State-Zip: CENTERHILL FL 33514

*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:** LISA K VAN LEW

MD

03/24/2015

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

\_\_\_\_\_  
Date