

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

DOCUMENT# N14000006745

**Entity Name:** SAFE HARBOR HORSE RESCUE, INC.

**Current Principal Place of Business:**

4572 COUNTY ROAD 665  
ONA, FL 33865

**Current Mailing Address:**

4572 COUNTY ROAD 665  
ONA, FL 33865

**FEI Number: 38-3934220**

**Certificate of Status Desired: Yes**

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

GUSTINGER, KAREN  
4572 COUNTY ROAD 665  
ONA, FL 33865 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	PD	Title	VD
Name	GUSTINGER, KAREN	Name	COPELAND, WEST
Address	4572 COUNTY ROAD 665	Address	4572 COUNTY ROAD 665
City-State-Zip:	ONA FL 33865	City-State-Zip:	ONA FL 33865

*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: KAREN GUSTINGER**

**DIRECTOR**

**04/16/2016**

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

\_\_\_\_\_  
Date