

DOCUMENT # 756278

1. Entity Name

DOBERMAN RESCUE CONCERN, INC.

Principal Place of Business

Mailing Address

8023 WEST LAKE DRIVE
WEST PALM BEACH FL 33406

8023 WEST LAKE DRIVE
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2340103

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ARMSTRONG, NANCY
8023 WEST LAKE DRIVE
WEST PALM BEACH FL 33406

8. 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

Signature, typed or printed name of registered agent and title

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME ARMSTRONG, NANCY
STREET ADDRESS 8023 WEST LAKE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS Delete
NAME COFFMAN, SUSAN
STREET ADDRESS 11409 EAGLES NEST DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME ZABKIEWICZ, JAN
STREET ADDRESS 737 ILEX COURT
CITY-ST-ZIP LAKE PARK FL 33403

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME BURDICK, SY
STREET ADDRESS 1110 N. OLIVE AVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME STECHTSCHULTE, THEODORE DR
STREET ADDRESS 2861 S. CONGRESS AVE
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME RUSSO, JOAN
STREET ADDRESS 441 W TROPICAL WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33317

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

561 965-4361

Daytime Phone #

00496

CR2E037 (10/00)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90075 035 ****70.00



DO NOT WRITE IN THIS SPACE