

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 ^{1-30-95 B-600 XP} ₁₀ ₂₈

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 30 AM 9:55

DOCUMENT # **N51048** (9)
 1. Corporation Name
ANIMAL RESCUE OF LABELLE, INC.

Principal Place of Business: 1674 MUSE ROAD, LABELLE FL 33935
 Mailing Address: POST OFFICE BOX 2441, LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1992
 3a. Date of Last Report: 11/07/1994
 4. FEI Number: 65-0404638
 Applied For: Not Applicable:
 5. Certificate of Status Dealt: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 22. Suite, Apt. #, etc.: 22
 27. Suite, Apt. #, etc.: 27
 23. City & State: 23
 28. City & State: 28
 24. Zip: 24
 25. Country: 25
 29. Zip: 29
 30. Country: 30

9. Name and Address of Current Registered Agent
SHEPPARD, DIANE G.
1674 MUSE RD.
LABELLE FL 33935

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SHEPPARD, DIANE G
STREET ADDRESS	1674 MUSE RD.
CITY - ST - ZIP	LABELLE FL
TITLE	D
NAME	SHEPPARD, PETER
STREET ADDRESS	1674 MUSE RD.
CITY - ST - ZIP	LABELLE FL
TITLE	D
NAME	STOCKWELL, DALLAS
STREET ADDRESS	1671 MUSE RD.
CITY - ST - ZIP	LABELLE FL
TITLE	D
NAME	SVENSSON, LISA
STREET ADDRESS	544 BAYWOOD DR.
CITY - ST - ZIP	LABELLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Sheppard **DIANE SHEPPARD** 1-23-95
 SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)
 813 983 9114