

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51048

FILED  
May 01, 2008  
Secretary of State

Entity Name: ANIMAL RESCUE OF LABELLE, INC.

**Current Principal Place of Business:**

721 N.BRIDGE STREET  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2441  
LABELLE, FL 33935

**New Mailing Address:**

FEI Number: 65-0404638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SHEPPARD, DIANE G  
1451 NOBLES AVENUE  
LABELLE, FL 33935      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHEPPARD, DIANE G  
Address: 1451 NOBLES AVENUE  
City-St-Zip: LABELLE, FL 33935

Title: TD ( ) Delete  
Name: STOCKWELL, PETER C  
Address: 1451 NOBLES AVENUE  
City-St-Zip: LABELLE, FL 33935

Title: VPD ( ) Delete  
Name: STOCKWELL, DALLAS S  
Address: 1463 S.W.1ST STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: ADDISON, AUSTIN  
Address: 939 W CR 78  
City-St-Zip: LABELLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE G SHEPPARD

Electronic Signature of Signing Officer or Director

PRES

05/01/2008

\_\_\_\_\_ Date