

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90682 003 \*\*\*\*70.00

**DOCUMENT # N96000006098**

1. Entity Name

DALMATIAN RESCUE, INC.



Principal Place of Business

972 N.E. 151 STREET  
NORTH MIAMI BEACH FL 33162

Mailing Address

972 N.E. 151 STREET  
NORTH MIAMI BEACH FL 33162

J4U7J4U

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

52-2006801

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

DANE, PATRICIA  
972 N.E. 151 STREET  
NORTH MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DANE, PATRICIA ☐ Delete  
STREET ADDRESS 972 NE 156 ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE VPD  
NAME DANE, MARK ☐ Delete  
STREET ADDRESS 972 NE 151 ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE SD  
NAME SKIFF, INGRID ☒ Delete  
STREET ADDRESS 4700 SW 172 AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE TD  
NAME SKIFF, DON ☒ Delete  
STREET ADDRESS 4700 SW 172 AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD  
NAME ALEC MACDONELL ☐ Change ☒ Addition  
STREET ADDRESS 6030 SW 183RD WAY  
CITY-ST-ZIP FT. LAUDERDALE, FL.

TITLE SD  
NAME ILM MOLLER ☐ Change ☒ Addition  
STREET ADDRESS 697 NE 72ND ST.  
CITY-ST-ZIP MIAMI, FL. 33138

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Patricia Dane*

4/28/04

305-947-1637