

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51048

FILED
Feb 01, 2013
Secretary of State
CC4133848124

Entity Name: ANIMAL RESCUE OF LABELLE, INC.

Current Principal Place of Business:

463 EAST LINCOLN AVENUE
LABELLE, FL 33935

Current Mailing Address:

POST OFFICE BOX 2441
LABELLE, FL 33935

FEI Number: 65-0404638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEPPARD, DIANE G
1451 NOBLES AVENUE
LABELLE, FL 33935 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
Name SHEPPARD, DIANE G
Address 1451 NOBLES AVENUE
City-State-Zip: LABELLE FL 33935

Title TD
Name SHEPPARD, PETER C
Address 1451 NOBLES AVENUE
City-State-Zip: LABELLE FL 33935

Title VP
Name STOCKWELL, EARL P
Address 1459 NOBLES AVENUE
City-State-Zip: LABELLE FL 33935

Title D
Name ADDISON, AUSTIN
Address 939 W CR 78
City-State-Zip: LABELLE FL

Title DIRECTOR
Name PEREZ, RICHARD
Address 420 NOBLES PLACE
City-State-Zip: LABELLE FL 33935

Title DIRECTOR
Name BOICHOI, CHRISTINE
Address 3153 RIVER GROVE
City-State-Zip: FT MYERS FL 33905

Title DIRECTOR
Name STOCKWELL, PETER
Address 343 CALOOSA EST DRV.
City-State-Zip: LABELLE FL 33935

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: PETER C SHEPPARD

TREASURER

02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date