


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

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004304 1. Entity Name ALLEN BABCOCK DOG & CAT RESCUE INC.					
Principal Place of Business 2499 NE 136 ST. NORTH MIAMI BEACH FL 33181			Mailing Address P.O. BOX 381901 MIAMI FL 33238-1901		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BABCOCK, ALLEN 2499 NE 136 ST. NORTH MIAMI BEACH FL 33181			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE		
NAME	BABCOCK, ALLEN		NAME		
STREET ADDRESS	2499 NE 136TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181		CITY-ST-ZIP		
TITLE	FVPD		TITLE		
NAME	MILBYER, JANICE		NAME		
STREET ADDRESS	1881 SW 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	KITE, VALERIE		NAME		
STREET ADDRESS	18532 NW 42ND COURT		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33055		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **65-1030265** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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: *Allen Babcock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04

954-685-0548
305-787-7353

Date Daytime Phone #