


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 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
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1030265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired  \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BABCOCK, ALLEN
2499 NE 136 ST.
NORTH MIAMI BEACH, FL 33181

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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** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABCOCK, ALLEN 2499 NE 136TH STREET MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD MILBYER, JANICE 1881 SW 21ST STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KITE, VALERIE 18532 NW 42ND COURT OPA LOCKA, FL 33055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80023-025 70.00

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**

1/11/05 305-787-7353
Date Daytime Phone #