2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000008601

1. Entity Name
KICKAPOO RESCUE, INC.

Principal Place of Business	Mailing Address
6452 KICKAPOO ROAD SARASOTA, FL 34241	6452 KICKAPOO ROAD SARASOTA, FL 34241

03162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
11-3726567
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, KATHLEEN L
6452 KICKAPOO ROAD
SARASOTA, FL 34241

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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 Kathleen L Allen KATHLEEN L. ALLEN 4/27/05
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, KATHLEEN L
STREET ADDRESS	6452 KICKAPOO ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	ALLEN, KATHLEEN P
STREET ADDRESS	6452 KICKAPOO ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	BROWN, BETH DR.
STREET ADDRESS	8231 B COASH RD.
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	BROWNING, TERAH DR.
STREET ADDRESS	1901 INGRAM AVE.
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80077-015 61.25

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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: Kathleen L Allen KATHLEEN L. ALLEN 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #