

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008601

1. Entity Name
KICKAPOO RESCUE, INC.



Principal Place of Business
6452 KICKAPOO ROAD
SARASOTA, FL 34241

Mailing Address
6452 KICKAPOO ROAD
SARASOTA, FL 34241



08252006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEN, KATHLEEN L
6452 KICKAPOO ROAD
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEN, KATHLEEN P
6452 KICKAPOO ROAD
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, BETH DR.
8231 B COASH RD.
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWNING, TERAH DR.
1901 INGRAM AVE.
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000575938
09/05/06-20002-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 8/28/06 941-323-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #