2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009084

FILED Mar 13, 2009 Secretary of State

Entity Name: ANIMAL RESCUE FORCE OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 7651 ACE RD SOUTH LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** P.O. BOX 213072 WEST PALM BEACH, FL 33421 FEI Number: 20-3420468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, STEFFANI T KUSSNER, ROBERT 1704 17TH LN 13721 155TH PLACE NORTH LAKE WORTH, FL 33463 US JUPITER, FL 33478 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: ROBERT KUSSNER 03/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KUSSNER, ROBERT Name: Name: 13721 155TH PLACE NORTH Address: Address: City-St-Zip: JUPITER, FL 33478 City-St-Zip: Title: () Delete Title: () Change () Addition LARSON, KRISTEN Name: Name: Address: 13128 43RD ROAD N Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: RSD () Delete Title: () Change () Addition MOORE, JOANNE Name: Name: 601-11 SABLE RIDGE CIRCEL Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: () Delete Title: TD Title: () Change () Addition Name: GARRETSON, JO ANNE Name: 7651 ACE RD SOUTH Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: CD () Delete Title: (X) Change () Addition GUNTER, JOAN STEFFANI, MARTIN T Name: Name: 18421 SE OLD TRAIL DRIVE WEST 1704 17TH LANE Address: Address: LAKE WORTH, FL 33463 City-St-Zip: JUPITER, FL 33478 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARTIN. STEFFANI T LYNN, HENDERSON Name: Name: Address: 1704 17TH LANE Address: 700 PAWNEE STREET LAKE WORTH, FL 33463 JUPITER, FL 33458 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT KUSSNER PRES 03/13/2009