

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-03-2007 90038 029 ****61.75

DOCUMENT # N06000002546 1. Entity Name BROOKE'S LEGACY ANIMAL RESCUE, INC.					
Principal Place of Business 979 1ST AVE NORTH NAPLES, FL 34102			Mailing Address 979 1ST AVE NORTH NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-4518210				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECHTOL, SCOTT 440 19TH ST SW NAPLES, FL 34117			7. Name and Address of New Registered Agent Name Mary Bechtol Street Address (P.O. Box Number is Not Acceptable) 440 19th St SW City Naples FL Zip Code 34117		
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 <u><i>M Bechtol</i></u> DATE <u>4/29/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BECHTOL, MARY ☐ Delete 979 1ST AVE NORTH NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEDDER, SERENA ☐ Delete 2541 6TH AVE SE NAPLES, FL 34117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kidder, Serena ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YASCKO, JANICE ☐ Delete 60 CHESTNUT ST EDISON, NJ 08817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>M Bechtol</i></u> DATE <u>4/29/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66018686



04092007 Chg-NP CR2E037 (12/06)