

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

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**



02122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**BECHTUL, MARY
440 19TH ST SW
NAPLES, FL 34117**

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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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BECHTOL, MARY
STREET ADDRESS 979 1ST AVE NORTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE D
NAME KIDDER, SERENA
STREET ADDRESS 2541 6TH AVE SE
CITY-ST-ZIP NAPLES, FL 34117

TITLE D
NAME YASCKO, JANICE
STREET ADDRESS 50 CHESTNUT ST
CITY-ST-ZIP EDISON, NJ 08817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000860801
04/02/08-80069-012 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #