

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008766

FILED
Feb 06, 2009
Secretary of State

Entity Name: ANIMAL RESCUE KONSORTIUM, INC.

Current Principal Place of Business:

717 NORTH AMELIA AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

717 NORTH AMELIA AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 26-0856331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, MAGGI
717 NORTH AMELIA AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: HALL, MAGGI
Address: 717 NORTH AMELIA AVENUE
City-St-Zip: DELAND, FL 32724

Title: T,D () Delete
Name: SHERMAN, ARNETTE
Address: 1325 S. SPRING GARDEN AVENUE
City-St-Zip: DELAND, FL 32720

Title: S,D () Delete
Name: PAYNTER, KATHY
Address: 2195 BANANA STREET
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: NEIMAN, AMY
Address: 4375 WOLF ROAD
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: CHITWOOD, TANYA
Address: 480 MERCERS FERNERY ROAD
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHERMAN, ARNETTE
Address: 1325 S. SPRING GARDEN AVENUE
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T,D (X) Change () Addition
Name: CHITWOOD, TANYA
Address: 480 MERCERS FERNERY ROAD
City-St-Zip: DELAND, FL 32720

Title: D () Change (X) Addition
Name: LAVINO, TRACY
Address: 721 GROVE PLACE
City-St-Zip: DELAND, FL 32724

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: MAGGI HALL

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date