

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006652

FILED
Jun 26, 2009
Secretary of State

Entity Name: ANIMAL RESCUE FRIENDS, INC.

Current Principal Place of Business:

7629 SE COUNTY ROAD 232
TRENTON, FL 32669

New Principal Place of Business:

7629 SE CR232
TRENTON, FL 32693

Current Mailing Address:

7629 SE COUNTY ROAD 232
TRENTON, FL 32669

New Mailing Address:

24587 NW 199TH LANE
HIGH SPRINGS, FL 32643

FEI Number: 26-2419027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AUSTIN, LINDA
24587 NW 199TH LANE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

AUSTIN, LINDA R
24587 NW 199TH LANE
HIGH SPRINGS, FL 32643 US

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: LINDA R AUSTIN

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: HOYT, STACEY C PD
Address: 7629 SE CR232
City-St-Zip: TRENTON, FL 32693 US

Title: VP () Change (X) Addition
Name: JOHNSON, LYNN VP
Address: 15145 SW 15TH AVE
City-St-Zip: NEWBERRY, FL 32669 US

Title: ST () Change (X) Addition
Name: AUSTIN, LINDA R ST
Address: 24587 NW 199TH LANE
City-St-Zip: HIGH SPRINGS, FL 21643 US

Title: D () Change (X) Addition
Name: SALISBURY, PENNY D
Address: 3623 SW 298TH ST
City-St-Zip: NEWBERRY, FL 32669 US

Title: D () Change (X) Addition
Name: LEWIS, REBECCA D
Address: 3623 SW 298TH ST
City-St-Zip: NEWBERRY, FL 32669 US

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: LINDA R AUSTIN

ST

06/26/2009

Electronic Signature of Signing Officer or Director

Date