

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006652

FILED  
May 12, 2010  
Secretary of State

**Entity Name:** ANIMAL RESCUE FRIENDS, INC.

**Current Principal Place of Business:**

7629 SE CR232  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

24587 NW 199TH LANE  
HIGH SPRINGS, FL 32643

**New Mailing Address:**

**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:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HOYT, STACEY C PD  
**Address:** 7629 SE CR232  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** VP  
**Name:** JOHNSON, LYNN VP  
**Address:** 15145 SW 15TH AVE  
**City-St-Zip:** NEWBERRY, FL 32669 US

**Title:** ST  
**Name:** AUSTIN, LINDA R ST  
**Address:** 24587 NW 199TH LANE  
**City-St-Zip:** HIGH SPRINGS, FL 21643 US

**Title:** D  
**Name:** SALISBURY, PENNY D  
**Address:** 3623 SW 298TH ST  
**City-St-Zip:** NEWBERRY, FL 32669 US

**Title:** D  
**Name:** LEWIS, REBECCA D  
**Address:** 3623 SW 298TH ST  
**City-St-Zip:** NEWBERRY, FL 32669 US

**Title:** D  
**Name:** MCDANIEL, ROSEMARY D  
**Address:** 6790 SE 91ST TRAIL  
**City-St-Zip:** TRENTON, FL 32693 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA R AUSTIN

ST

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date