

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006047

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** ANDERSON RESCUE RANCH, INC.

**Current Principal Place of Business:**

624 NE 349 HIGHWAY  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 38  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 27-2349897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCRAE & METCALF, P.A.  
2612 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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:** PD  
**Name:** ANDERSON, JOE H JR.  
**Address:** PO BOX 38  
**City-St-Zip:** OLD TOWN, FL 32680

**Title:** TD  
**Name:** ANDERSON, CINDY T  
**Address:** PO BOX 38  
**City-St-Zip:** OLD TOWN, FL 32680

**Title:** SD  
**Name:** JONES, SKIPPER K  
**Address:** PO BOX 38  
**City-St-Zip:** OLD TOWN, FL 32680

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:** SKIPPER JONES

SECR

04/18/2012

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

\_\_\_\_\_  
Date