

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25459

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL REFUGE CENTER, INC.

**Current Principal Place of Business:**

18011 OLD BAYSHORE RD  
NORTH FT. MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6642  
FT. MYERS, FL 33911 US

**New Mailing Address:**

**FEI Number:** 65-0057419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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  
Name: ALLOR, LEE  
Address: 10035 COLONIAL COUNTRYCLUB BLVD  
City-St-Zip: FORT MYERS, FL 33913

Title: T  
Name: HUGHES, ELIZABETH  
Address: 7320 TWIN EAGLE LN  
City-St-Zip: FORT MYERS, FL 33912

Title: S  
Name: HENDERSHOTT, TRACEY  
Address: 18397 HUNTERS GLEN ROAD  
City-St-Zip: N FT MYERS, FL 33917

Title: V  
Name: HENDERSON, SUSAN  
Address: 1338 ALCAZAR AVE  
City-St-Zip: FT MYERS, FL 33901

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: ELIZABETH HUGHES

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03/15/2011

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

\_\_\_\_\_  
Date