

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51048

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** ANIMAL RESCUE OF LABELLE, INC.

**Current Principal Place of Business:**

1380 SUMMERALL ROAD  
LABELLE, FL 33935

**New Principal Place of Business:**

721 N.BRIDGE STREET  
LABELLE, FL 33935

**Current Mailing Address:**

POST OFFICE BOX 2441  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 65-0404638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

SHEPPARD, DIANE G  
26600 OLD MUSE ROAD  
LABELLE, FL 33935 US

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

SHEPPARD, DIANE G  
1451 NOBLES AVENUE  
LABELLE, FL 33935 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: DIANE G SHEPPARD

05/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHEPPARD, DIANE G  
Address: 26600 OLD MUSE ROAD  
City-St-Zip: LABELLE, FL

Title: TD ( ) Delete  
Name: SHEPPARD, PETER C  
Address: 26600 OLD MUSE ROAD L  
City-St-Zip: LABELLE, FL

Title: VPD ( ) Delete  
Name: STOCKWELL, DALLAS S  
Address: 26600 OLD MUSE ROAD  
City-St-Zip: LABELLE, FL

Title: D ( ) Delete  
Name: BILES, ANGEL  
Address: 1000 SUMMERALL ROAD  
City-St-Zip: LABELLE, FL

Title: D ( ) Delete  
Name: ADDISON, AUSTIN  
Address: 939 W CR 78  
City-St-Zip: LABELLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHEPPARD, DIANE G  
Address: 1451 NOBLES AVENUE  
City-St-Zip: LABELLE, FL 33935

Title: TD (X) Change ( ) Addition  
Name: SHEPPARD, PETER C  
Address: 1451 NOBLES AVENUE  
City-St-Zip: LABELLE, FL 33935

Title: VPD (X) Change ( ) Addition  
Name: STOCKWELL, DALLAS S  
Address: 1463 S.W.1ST STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE G SHEPPARD

PR

05/01/2005

Electronic Signature of Signing Officer or Director

Date