2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 11, 2011
Secretary of State

DOCUMENT# N94000004430

Entity Name: ANIMAL RESCUE MOVEMENT, INC.

Current Principal Place of Business:

5744 MAVERICK RD.
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

PO BOX 30435
DOCTORS INLET, FL 32030

New Mailing Address:

FEI Number: 59-3201883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN, LISA
4051 CHUCK WAGON CT
MIDDLEBURG, FL 32068 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: C/D
Name: DEAN, LISA
Address: 4051 CHUCK WAGON CT
City-St-Zip: MIDDLEBERG, FL 32068

Title: D
Name: ACE, ANGIE
Address: 3999 THUNDER LANE.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D
Name: VALENTINE, BARBARA
Address: 579 CHARLES CARROLL ST
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: BARDROFF, LAURA
Address: 1802 ALDER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: CC/D
Name: WALLACE-EVANS, JAN
Address: 9729 ALVIN ROAD S.
City-St-Zip: JACKSONVILLE, FL 32222

Title: D
Name: ACE, TERESA
Address: 5908 ORCHARD POND DR
City-St-Zip: ORANGE PARK, FL 32003 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: LISA M DEAN C/D 08/11/2011

Electronic Signature of Signing Officer or Director Date