


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005580 (5)**

1. Corporation Name

**ALL BREED RESCUE COORDINATING COUNCIL, INC.**



Principal Place of Business <b>% SHEILA ALSOBROOK 242 OAKHILL ROAD LADY LAKE FL 32159</b>	Mailing Address <b>2247 N. CITRUS BLVD. BOX 202 LEESBURG FL 34748</b>
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3. Date Incorporated or Qualified <b>11/09/1994</b>
4. FEI Number <b>59-3282080</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>ALSOBROOK, SHEILA 242 OAKHILL ROAD LADY LAKE FL 32159</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-22-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <b>MARDEN, JANICE L</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1109 OAK DRIVE</b>	1.2 NAME <b>Gowell, Janice</b>
STREET ADDRESS	<b>LEESBURG FL 34748</b>	1.3 STREET ADDRESS <b>5016 Earlwood Ave</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Mt Dora, FL 32757</b>
TITLE	VD <b>MORRISON, ELVA CHARLETTA</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>42547 MAGGIE JONES ROAD</b>	2.2 NAME <b>Morrison, Elva Charletta</b>
STREET ADDRESS	<b>PAISELY FL 32787</b>	2.3 STREET ADDRESS <b>42547 Maggie Jones Rd</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Paively FL 32767</b>
TITLE	SD <b>BARTLINSKI, MARGARET</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>38941 CR 439</b>	3.2 NAME <b>Nancy Andrews</b>
STREET ADDRESS	<b>UMATILLA FL 32784</b>	3.3 STREET ADDRESS <b>44648 Lake Mack Rd</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Deland, FL 32720</b>
TITLE	TD <b>PARRISH, MARY K</b> <input type="checkbox"/> DELETE	4.1 TITLE
NAME	<b>13301 MOUNTAIN VIEW</b>	4.2 NAME
STREET ADDRESS	<b>CLERMONT FL 34711</b>	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	D <b>CARTER, MAYE F</b> <input type="checkbox"/> DELETE	5.1 TITLE
NAME	<b>705 EAST 12TH AVENUE</b>	5.2 NAME
STREET ADDRESS	<b>MT. DORA FL 32757</b>	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	D <b>ALSOBROOK, SHEILA</b> <input type="checkbox"/> DELETE	6.1 TITLE
NAME	<b>242 OAKHILL RD.</b>	6.2 NAME
STREET ADDRESS	<b>LADY LAKE FL 32159</b>	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/22/98**

CR2E037 (10/97)