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08-09-1999 90003 042 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005580

1. Corporation Name

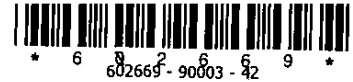
ALL BREED RESCUE COORDINATING COUNCIL, INC.

Principal Place of Business

% SHEILA ALSOBROOK
242 OAKHILL ROAD
LADY LAKE FL 32159

Mailing Address

2247 N. CITRUS BLVD.
BOX 202
LEESBURG FL 34748



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/09/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3282080
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALSOBROOK, SHEILA
242 OAKHILL ROAD
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-1-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	200
NAME	GOWELL, JANICE	1.2 NAME	Parrish Mary K
STREET ADDRESS	5016 EARLWOOD AVE	1.3 STREET ADDRESS	13301 Mountain View
CITY-ST-ZIP	MT DORA FL 32757	1.4 CITY-ST-ZIP	clermont, FL 34711
TITLE	PD	2.1 TITLE	VD
NAME	MORRISON, ELVA CHARLETTA	2.2 NAME	Mattinucci, Monica
STREET ADDRESS	42547 MAGGIE JONES ROAD	2.3 STREET ADDRESS	36520 micro Race Track Rd
CITY-ST-ZIP	PAISELY FL 32767	2.4 CITY-ST-ZIP	Fruitland Park FL 34731
TITLE	SD	3.1 TITLE	TD
NAME	ANDREWS, NANCY	3.2 NAME	Alsobrook, Sheila
STREET ADDRESS	44648 LAKE MACK RD	3.3 STREET ADDRESS	242 Oak Hill Rd
CITY-ST-ZIP	DELAND FL 32720	3.4 CITY-ST-ZIP	Lady Lake FL 32159
TITLE	FB PD	4.1 TITLE	D
NAME	PARRISH, MARY K	4.2 NAME	Gowell, Janice
STREET ADDRESS	13301 MOUNTAIN VIEW	4.3 STREET ADDRESS	5016 Earlwood Ave
CITY-ST-ZIP	CLERMONT FL 34711	4.4 CITY-ST-ZIP	MT Dora FL 32757
TITLE	D	5.1 TITLE	
NAME	CARTER, MAYE F	5.2 NAME	
STREET ADDRESS	705 EAST 12TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ALSOBROOK, SHEILA	6.2 NAME	
STREET ADDRESS	242 OAKHILL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	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, with all other like empowered.

SIGNATURE: SHEILA ALSOBROOK REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-99

Date

352-750-2422

Daytime Phone #

CR2E037 (11/98)