

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96 \$61.25 OF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001128

1. Corporation Name

ANIMAL RESCUE FORCE, INC.

Principal Place of Business

Mailing Address

817 B SKYPINE WAY
WEST PALM BEACH, FL. 33415

P.O. Box 5443
Lake Worth, Fl.
33466-5443

3. Date Incorporated or Qualified

2/24/95

3a. Date of Last Report

2/24/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-056387 65-0563187

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEVERLY NAGEL
817 B SKYPINE WAY
WEST PALM BEACH, FL. 33415

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)

DA:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice President ☒ DELETE
NAME FAY HARRINGTON
STREET ADDRESS 2692 NASSAU RD.
CITY-ST-ZIP WEST PALM BEACH, FL. 33416

11 TITLE DIRECTOR ☐ Change ☒ Addition
12 NAME MARILYN GREENBERG
13 STREET ADDRESS 13212 VERDUN DRIVE
14 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410

TITLE TREASURER ☒ DELETE
NAME HARRY BERMAS
STREET ADDRESS 1187 HYACINTH PLACE
CITY-ST-ZIP W.P.B., FL. 33414

21 TITLE DIRECTOR ☐ Change ☒ Addition
22 NAME CHERI GRIFFIS
23 STREET ADDRESS 11045 153rd. COURT NORTH
24 CITY-ST-ZIP JUPITER, FL. 33478

TITLE DIRECTOR ☒ DELETE
NAME ELAINE RUOTOLO
STREET ADDRESS 1402 MEADOWS CIRCLE WEST
CITY-ST-ZIP LANTANA, FL. 33462

31 TITLE DIRECTOR ☐ Change ☒ Addition
32 NAME DR. NANCY KELLER
33 STREET ADDRESS 180 NEPTUNE DR.
34 CITY-ST-ZIP HYPOLUXO, FL. 33462

TITLE DIRECTOR ☒ DELETE
NAME CYNTHIA WOLD
STREET ADDRESS 2055 DISCOVERY CIRCLE EAST
CITY-ST-ZIP POMPANO, FL. 33064

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ALL OTHER OFFICERS &
STREET ADDRESS DIRECTORS REMAIN THE SAME.
CITY-ST-ZIP

51 TITLE PRESIDENT/TREASURER (P/T) ☒ Change ☐ Addition
52 NAME JO ANNE GARRETSON
53 STREET ADDRESS 7651 ACE ROAD SOUTH
54 CITY-ST-ZIP LAKE WORTH, FL. 33467

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE 300001922693
62 NAME -08/15/96--01005--012
63 STREET ADDRESS ***70.00
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jo Anne Garretson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)