

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000001128 (6)

1. Corporation Name

ANIMAL RESCUE FORCE, INC.

Principal Place of Business

817 B SKYPINE WAY
WEST PALM BEACH FL 33415

Mailing Address

P.O. BOX 5443
LAKE WORTH FL 33466-5443



3. Date Incorporated or Qualified

02/24/1995

4. FEI Number

65-0563187

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GREENBERG, MARILYN

STREET ADDRESS

13212 VERDUN DRIVE

CITY-ST-ZIP

PALM BEACH FL 33410

TITLE

D

NAME

GRIFFIS, CHERI

STREET ADDRESS

11045 153RD COURT NORTH

CITY-ST-ZIP

JUPITER FL 33478

TITLE

D

NAME

KELLER, NANCY DR

STREET ADDRESS

180 NEPTUNE DR

CITY-ST-ZIP

HYPOLUXO FL 33462

TITLE

PT

NAME

GARRETSON, JO ANNE

STREET ADDRESS

7651 ACE ROAD SOUTH

CITY-ST-ZIP

LAKE WORTH FL 33467

TITLE

D

NAME

BARTEK, HEATHER

STREET ADDRESS

1887 TUCKER RD

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

D

NAME

BRONSON, LORI

STREET ADDRESS

106 RYDER CUP CIR. SO.

CITY-ST-ZIP

PALM BEACH GARDENS FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/D

Change

Addition

PALM BEACH GARDENS, FL 33410

S/D

Change

Addition

LINDA A. DAVIS

430 N. B ST.

LAKE WORTH, FL 33460

Change

Addition

D

Change

Addition

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Addition

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

Sandra B. Mortham, Corp. Sec.

9/19/98

Date

533-5612

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)