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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 32785	3. Date Incorporated or Qualified 02/24/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0563187 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 PALM BEACH GDNS, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33420-2785 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 Beverly A Nagel DATE 4-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☑ DELETE	1.1 TITLE D	PRESIDENT (D)	☑ Change ☐ Addition
NAME	GREENBERG, MARILYN		1.2 NAME	BURTON GREENBERG	
STREET ADDRESS	13212 VERDUN DRIVE		1.3 STREET ADDRESS	13212 VERDUN DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL - 33410	
TITLE	SD	☑ DELETE	2.1 TITLE D	VICE PRESIDENT (D)	☑ Change ☐ Addition
NAME	DAVIS, LINDA A		2.2 NAME	LORI BRONSON.	
STREET ADDRESS	430 N B ST		2.3 STREET ADDRESS	1A LEXINGTON LANE EAST	
CITY-ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA - 33418	
TITLE	D	☑ DELETE	3.1 TITLE D	TREASURER (D)	☑ Change ☐ Addition
NAME	KELLER, NANCY DR		3.2 NAME	MARILYN GREENBERG	
STREET ADDRESS	180 NEPTUNE DR		3.3 STREET ADDRESS	13212 VERDUN DRIVE	
CITY-ST-ZIP	HYPOLUXO FL 33462		3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA - 33410	
TITLE	D	☑ DELETE	4.1 TITLE D	RECORDING SECRETARY (D)	☑ Change ☐ Addition
NAME	GARRETSON, JO ANNE		4.2 NAME	MARK BETH MCMANUS	
STREET ADDRESS	7651 ACE ROAD SOUTH		4.3 STREET ADDRESS	3791 COLLINWOOD LANE.	
CITY-ST-ZIP	LAKE WORTH FL 33467		4.4 CITY-ST-ZIP	W. PALM BEACH, FLA - 33406-4152	
TITLE	D	☑ DELETE	5.1 TITLE D	CORRESPONDING SECRETARY (D)	☑ Change ☐ Addition
NAME	BARTEK, HEATHER		5.2 NAME	VICTORIA GRAY.	
STREET ADDRESS	1887 TUCKER RD		5.3 STREET ADDRESS	14992 - 66TH. TRAIL NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLA - 33418	
TITLE	D	☑ DELETE	6.1 TITLE D	DIRECTOR (D)	☑ Change ☐ Addition
NAME	BRONSON, LORI		6.2 NAME	BEV. NAGEL	
STREET ADDRESS	1A LEXINGTON LANE EAST		6.3 STREET ADDRESS	817 B SKY PINE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		6.4 CITY-ST-ZIP	W. PALM BEACH, FLA - 33415	

CR2E037 (11/98)

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: BURTON GREENBERG SIGNATURE REQUIRED (BURTON GREENBERG) 4/2/99 561-624-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #