

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 AUG -9 PM 3:05

DOCUMENT # N 95000001128

1. Corporation Name

ANIMAL RESCUE FORCE, INC.

Principal Place of Business

Mailing Address

14892-66TH TRAIL N.
PALM BEACH GARDENS,
FLORIDA - 33410

P.O. BOX 32785
PALM BEACH GARDENS
FLORIDA - 33420-2785

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	2/24/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0563187
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	

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, FLORIDA - 33415

81 Name VICTORIA GRAY
82 Street Address (P.O. Box Number is Not Acceptable)
83 14892-66TH TRAIL NORTH
84 City PALM BEACH GARDENS FL 85 Zip Code 33418-1962

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

Victoria Gray

(NOTE: Registered Agent signature required when reinstating)

DATE

8-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY NAGEL - D.	1.2 NAME	KRISTINE KERR - D
STREET ADDRESS	817 B. SKYPINE WAY	1.3 STREET ADDRESS	2339 HOLLY LANE
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA - 33415	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL - 33410
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NINI BASKIND - D	2.2 NAME	JOHN MALONE - D
STREET ADDRESS	3200 S. OCEAN BLVD.	2.3 STREET ADDRESS	11811 AVENUE OF THE PALM
CITY-ST-ZIP	PALM BEACH, FL - 33480	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUOX GIFFERS - D	3.2 NAME	NANCY KELLER - D
STREET ADDRESS	227 CITRUS TRAIL	3.3 STREET ADDRESS	180 NEPTUNE DRIVE
CITY-ST-ZIP	BOXTON BEACH, FL - 33436	3.4 CITY-ST-ZIP	HYDOLAND, FL - 33462
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN WATSON - D	4.2 NAME	PEGGY HOBCHORT - D
STREET ADDRESS	1768 HARBORSIDE CIRCLE	4.3 STREET ADDRESS	18924 SE OLD TRAIL DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414 - 8080	4.4 CITY-ST-ZIP	SUITE 101 FL - 33478
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA EVANS - D	5.2 NAME	500002959835-1
STREET ADDRESS	4855 ARTHUR ST.	5.3 STREET ADDRESS	-08/13/99--01105--014
CITY-ST-ZIP	PALM BEACH GARDENS, FL - 33418	5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL EVANS - D	6.2 NAME	
STREET ADDRESS	4855 ARTHUR ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL - 33418	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: ANNE M. MURPHY, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/99

Date

561-624-4142

Daytime Phone #

CR2E037 (11/98)