

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002340 (6)

1. Corporation Name

RABBIT RESCUE, INC.



Principal Place of Business

127 NORTH 63RD AVENUE
HOLLYWOOD FL 33024-7850

Mailing Address

127 NORTH 63RD AVENUE
HOLLYWOOD FL 33024-7850

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 P. O. Box 452105

2a. Mailing Address

26 P. O. Box 452105

4. FEI Number
65-0578650

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

23 Sunrise, Florida

City & State

28 Sunrise, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

24 33345

25 USA

Zip

Country

29 33345

30 USA

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

KOI, SANDY
127 NORTH 63RD AVENUE
HOLLYWOOD FL 33024-7850

81 Name

Kathryn Williams

82 Street Address (P.O. Box Number is Not Acceptable)
9780 N. W. 25 Street

83

84 City

Sunrise

FL

85 Zip Code
33322

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

Kathryn C. Williams KATHRYN C. WILLIAMS Executive Director 2/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE D ☒ DELETE
NAME KOI, SANDY
STREET ADDRESS 127 NORTH 63RD AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33024-7850

TITLE D ☒ DELETE
NAME SHUFFSTALL, SCOTT
STREET ADDRESS 127 NORTH 63RD AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33024-7850

TITLE D ☒ DELETE
NAME SHAW, ROBERTA
STREET ADDRESS 127 NORTH 63RD AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33024-7850

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Kathryn Williams
1.3 STREET ADDRESS 9780 N.W. 25 Street
1.4 CITY-ST-ZIP Sunrise, FL 33322

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Dana Krempels
2.3 STREET ADDRESS 6601 S.W. 116 Court, #108
2.4 CITY-ST-ZIP Miami, FL 33173

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Larry House
3.3 STREET ADDRESS 7200 Plantation Boulevard
3.4 CITY-ST-ZIP Miramar, FL 33023

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Kathryn C. Williams KATHRYN C. WILLIAMS 2/24/96 305-742-2143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)