


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90174 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005669**

1. Corporation Name

**ANIMAL RESCUE FOUNDATION, INC.**

Principal Place of Business

970 SUNSHINE LANE  
 STE. D  
 ALTAMONTE SPRINGS FL 32714  
 US

Mailing Address

970 SUNSHINE LANE  
 STE. D  
 ALTAMONTE SPRINGS FL 32714  
 US



2. Principal Place of Business

21 **100 ROCKINGHAM COURT**

Suite, Apt. #, etc.

22

City & State

23 **LONGWOOD, FL**

Zip

24 **32779**

Country

25 **U.S.A.**

2a. Mailing Address

26 **100 ROCKINGHAM COURT**

Suite, Apt. #, etc.

27

City & State

28 **LONGWOOD, FL**

Zip

29 **32779**

Country

30 **USA**

3. Date Incorporated or Qualified

**11/01/1996**

4. FEI Number

**69-3431274**

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

9. Name and Address of Current Registered Agent

**STONE, STEPHEN M**  
**725 N MAGNOLIA AVE**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

**JERRY MABIE**

82 Street Address (P.O. Box Number is Not Acceptable)

**100 ROCKINGHAM COURT**

83

84 City

**LONGWOOD**

**FL**

85 Zip Code

**32779**

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

**Jerry Mabie**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-10-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MABIE, JERRY**  
 STREET ADDRESS **100 ROCKINGHAM CT**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE

NAME **MABIE, PATRICIA**  
 STREET ADDRESS **100 ROCKINGHAM CT**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ DELETE

NAME **MABIE, JERRY JR**  
 STREET ADDRESS **100 ROCKINGHAM CT**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **BRENDA K RICHTER**  
 1.3 STREET ADDRESS **1451 BUNNELL RD**  
 1.4 CITY-ST-ZIP **APOPKA, FL 32703**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **MELODY HORGAN**  
 2.3 STREET ADDRESS **2075 JESSUP RD**  
 2.4 CITY-ST-ZIP **GOVIERDO, FL 32765-7744**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **BRENDA SCHULENBERG**  
 3.3 STREET ADDRESS **346 SEASONS COURT**  
 3.4 CITY-ST-ZIP **APOPKA, FL 32712**

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 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:

**Jerry Mabie**

**2-10-99**

Date

**407-788-5127**

Daytime Phone #

CR2E037 (11/98)