2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# N96000005669

Entity Name: ANIMAL RESCUE FOUNDATION, INC.

Current Principal Place of Business:

100 ROCKINGHAM CT
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

100 ROCKINGHAM CT
LONGWOOD, FL 32779 US

New Mailing Address:

POST OFFICE BOX 916553
LONGWOOD, FL 32779 US

FEI Number: 69-3431274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MABIE, JERRY
100 ROCKINGHAM CT
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MABIE, JERRY
Address: 100 ROCKINGHAM CT
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: MABIE, PATRICIA
Address: 100 ROCKINGHAM CT
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: GREENSPAN, CARYN
Address: 1175 WOODLAND TERRACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: MULLER, SUE
Address: 4429 RING NECK RD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE MULLER D 04/01/2004
Electronic Signature of Signing Officer or Director Date