

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005669

FILED  
May 23, 2004  
Secretary of State

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:**

POST OFFICE BOX 916553  
LONGWOOD, FL 32779 US

**New Mailing Address:**

100 ROCKINGHAM CT  
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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PITT, JOE  
Address: 5511 LIGHTHOUSE ROAD  
City-St-Zip: ORLANDO, FL 32808

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

Title: D ( ) Change (X) Addition  
Name: HARGIS, DAWN  
Address: 4480 GOLDMAN COURT  
City-St-Zip: ORLANDO, FL 32808 US

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: JERRY MABIE

D

05/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date