

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005669

FILED  
Apr 12, 2005  
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:

100 ROCKINGHAM CT  
LONGWOOD, FL 32779 US

## New Mailing Address:

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 US

## 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 (X) Delete  
Name: PITT, JOE  
Address: 5511 LIGHTHOUSE ROAD  
City-St-Zip: ORLANDO, FL 32808

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

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

## 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:

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: JERRY MABIE

TREA

04/12/2005

Electronic Signature of Signing Officer or Director

Date