

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001859

1. Corporation Name

ANIMAL RESCUE OF NORTH FLORIDA, INC.

Principal Place of Business

RT 1 BOX 76  
Micanopy FL 32667  
15371 N Hwy  
441  
Reddick FL  
32686

Mailing Address

RT 1 BOX 76  
Micanopy FL 32667  
P.O. BOX 762  
Reddick FL  
32686

FILED

99 SEP 28 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 15371 N Hwy 441		26 P.O. BOX 762		03/31/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3429660	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Reddick FL		28 Reddick FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 32686		29 32686		30	
Country		Country		10. Name and Address of New Registered Agent	
25 MARION		30 MARION		81 Name	
9. Name and Address of Current Registered Agent		82 Street Address (P.O. Box Number is Not Acceptable)		83	
BONNETTE, SHARON		84 City		85 Zip Code	
RT 1 BOX 76		FL			
Micanopy FL 32667					

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BONNETTE, SHARON	1.2 NAME	
STREET ADDRESS	RT 1 BOX 76	1.3 STREET ADDRESS	
CITY-ST-ZIP	Micanopy FL 32667	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BONNETTE, RUSSELL A	2.2 NAME	
STREET ADDRESS	RT 1 BOX 76	2.3 STREET ADDRESS	
CITY-ST-ZIP	Micanopy FL 32667	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, JOSH	3.2 NAME	
STREET ADDRESS	607 NE 27TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON BONNETTE

9/27/99 352-5915717

Date

Daytime Phone #

0012905

CR2E037 (5/99)