

MP

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Apr 21 1998 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006382 (2)

1. Corporation Name

COCKER RESCUE, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 70704
FORT LAUDERDALE FL 33307-0704POST OFFICE BOX 70704
FORT LAUDERDALE FL 33307-0704

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOSID, RICHARD G
1801 WEST CYPRESS CREEK ROAD
SUITE 406
FORT LAUDERDALE FL 33309

81 Name

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

83

84 City

FL

85 Zip Code

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 relisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice President
NAME Leslie Vanderlely
STREET ADDRESS 1645 7th St SE
CITY-ST-ZIP Ft. Laud., Fla. 33316
954 463 6537

DELETE

1.1 TITLE
1.2 NAME New Officer
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE P President
NAME Terri Stovall
STREET ADDRESS 2201 NE 19th Ave
CITY-ST-ZIP Ft. Laud., Fla. 33305

DELETE

2.1 TITLE
2.2 NAME New Officer
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE D Irene Cloud
NAME 8211 Mar Del Plata
STREET ADDRESS 59x., Fla. 33257
CITY-ST-ZIP 904-223-3312

DELETE

3.1 TITLE
3.2 NAME New Officer
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE D Paul Stovall
NAME 2201 NE 19th Ave
STREET ADDRESS Ft. Laud., Fla. 33305
CITY-ST-ZIP 954-566-6634

DELETE

4.1 TITLE
4.2 NAME New Officer
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE D Maggie Cloud
NAME 8211 Mar Del Plata
STREET ADDRESS 59x., Fla. 33257
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME New Officer
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☒ Change ☐ Addition

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.

SIGNATURE

Terri Stovall

3-1-98 954-566-6634

CR2E037 (10/97)