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**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90011 022 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000006382**

1. Corporation Name

**COCKER RESCUE, INC.**

Principal Place of Business

POST OFFICE BOX 70704  
FORT LAUDERDALE FL 33307-0704

Mailing Address

POST OFFICE BOX 70704  
FORT LAUDERDALE FL 33307-0704



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CHOSID, RICHARD G  
1901 WEST CYPRESS CREEK ROAD  
SUITE 406  
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME VANDERLELY, LESLIE  
STREET ADDRESS 1645 7TH STREET S.E.  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☒ DELETE

TITLE P  
NAME STOVALL, TERRI  
STREET ADDRESS 2201 N.E. 19TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

☐ DELETE

TITLE D  
NAME CLOUD, IRENE  
STREET ADDRESS 8211 MAR DEL PLATA  
CITY-ST-ZIP JACKSONVILLE FL 32257

☒ DELETE

TITLE D  
NAME STOVAL, PAUL  
STREET ADDRESS 2201 N.E. 19TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

☒ DELETE

TITLE D  
NAME CLOUD, MAGGIE  
STREET ADDRESS 8211 MAR DEL PLATA  
CITY-ST-ZIP JACKSONVILLE FL 32257

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Secretary  
Stuart Seader  
11721 Spinnaker Way  
Cooper City, FL 33026  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Diane Crifaci  
12695 6th St N.  
Royal Palm Beach, FL 33412  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Hai Wolf  
6921 SW 74th Place  
Miami Lakes, FL 33068  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Lee Taylor  
10033 Winding Lake Rd Apt 43-101  
Ft. Lauderdale, FL  
☐ Change ☒ Addition

6.1 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)