

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90017 030 \*\*\*\*61.25

**DOCUMENT # N99000004940**

1. Entity Name

ANIMAL RESCUE FUND, INC.



Principal Place of Business

338 HAWTHRONE HILLS  
303  
ORLANDO FL 32835

Mailing Address

338 HAWTHRONE HILLS  
303  
ORLANDO FL 32835

54012670

2. Principal Place of Business

532 Home Grove Dr

3. Mailing Address

532 Home Grove Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

59-3589753

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

34787

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, LEIGH  
338 HAWTHRONE HILLS  
#203  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name Leigh Porter

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

532 Home Grove Drive

City Winter Garden FL

Zip Code 34787

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Leigh Porter (formerly Causey) 1/27/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PORTER, LEIGH  
STREET ADDRESS 338 HAWTHRONE HILLS #203  
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE D  
NAME CAUSEY, CURTIS  
STREET ADDRESS 665 ROSEMERE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE D  
NAME KRONGELB, BRUCE  
STREET ADDRESS 7607 KINGS PASSAGE AVE  
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS 532 Home Grove Drive  
CITY-ST-ZIP Winter Garden, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leigh Porter Leigh Porter 1/27/04 407-435-4248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #