FILED
Apr 24, 2003 8:00 am
Secretary of State
04-09-2003 90199 047 ****61.25

55030556

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004940

1. Entity Name
ANIMAL RESCUE FUND, INC.

Principal Place of Business	Mailing Address
665 ROSEMERE CIRCLE ORLANDO, FL 32835	P.O BOX 954 GOTHA, FL 34734

2. Principal Place of Business	3. Mailing Address
338 Hawthorne Hills	338 Hawthorne Hills
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.: 203
City & State: Orlando FL	City & State: Orlando FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3589753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

PORTER

6. Name and Address of Current Registered Agent
~~CAUSEY~~, LEIGH
~~665 ROSEMERE CIRCLE~~ 338 Hawthorne Hills #203
ORLANDO, FL 32835

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, Leigh Porter 4/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required if agent signature required when reinstating) DATE

FILE NOW: FEES $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CAUSEY~~, LEIGH 666 ROSEMERE CIRCLE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Porter, Leigh 338 Hawthorne Hills #203 Orlando, FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAUSEY, CURTIS 666 ROSEMERE CIRCLE ORLANDO, FL 32835		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRONGELB, BRUCE 7607 KINGS PASSAGE AVE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

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 all other like empowered.

SIGNATURE: Leigh Porter, Leigh Porter 4/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-313-5420