

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90067 017 ****61.25

DOCUMENT # N99000005764

1. Entity Name
ANIMAL RESCUE COALITION, INC.



Principal Place of Business
**47 S. PALM AVENUE
SUITE 209
SARASOTA, FL 34236**

Mailing Address
**47 S. PALM AVENUE
SUITE 209
SARASOTA, FL 34236**

60017610



DO NOT WRITE IN THIS SPACE

01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0950292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARSKY, IRA
1157 WEST WAY DR.
SARASOTA, FL 34236**

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IN THIS SPACE**

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

IRA Barsky

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

(NOTE: Registered Agent signature required when reinstating)

2/13/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SARBHEY, EDWARD H
STREET ADDRESS	102 N. WARBLER LN
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	CTD
NAME	BARSKY, IRA P
STREET ADDRESS	1157 WEST WAY DR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	CARR, KATHRYN A
STREET ADDRESS	240 S. PINEAPPLE AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	FINDLAY, KONSTANCE SK
STREET ADDRESS	244 SHOPPING AVE., BOX 175
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

IRA Barsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #