


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90048 006 \*\*\*\*70.00

<b>DOCUMENT # N99000005764</b> 1. Entity Name <b>ANIMAL RESCUE COALITION, INC.</b>					
Principal Place of Business <b>47 S. PALM AVENUE SUITE 209 SARASOTA, FL 34236</b>			Mailing Address <b>47 S. PALM AVENUE SUITE 209 SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0950292</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARSKY, IRA 1157 WEST WAY DR. SARASOTA, FL 34236</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	<b>SARBAY, EDWARD H</b>			NAME	<b>M Roberta C. Druif</b>
STREET ADDRESS	<b>102 N. WARBLER LN</b>			STREET ADDRESS	<b>47 S. Palm Ave. Ste. 209</b>
CITY - ST - ZIP	<b>SARASOTA, FL 34236</b>			CITY - ST - ZIP	<b>Sarasota, FL 34236</b>
TITLE	CTD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>BARSKY, IRA P</b>			NAME	
STREET ADDRESS	<b>1157 WEST WAY DR</b>			STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA, FL 34236</b>			CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>CARR, KATHRYN A</b>			NAME	
STREET ADDRESS	<b>240 S. PINEAPPLE AVE</b>			STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA, FL 34236</b>			CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>FINDLAY, KONSTANCE SK</b>			NAME	
STREET ADDRESS	<b>244 SHOPPING AVE., BOX 175</b>			STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA, FL 34237</b>			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	

40006571



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0950292**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PSD ☐ Delete  
NAME SARBAY, EDWARD H  
STREET ADDRESS 102 N. WARBLER LN  
CITY - ST - ZIP SARASOTA, FL 34236

TITLE CTD ☐ Delete  
NAME BARSKY, IRA P  
STREET ADDRESS 1157 WEST WAY DR  
CITY - ST - ZIP SARASOTA, FL 34236

TITLE D ☐ Delete  
NAME CARR, KATHRYN A  
STREET ADDRESS 240 S. PINEAPPLE AVE  
CITY - ST - ZIP SARASOTA, FL 34236

TITLE D ☐ Delete  
NAME FINDLAY, KONSTANCE SK  
STREET ADDRESS 244 SHOPPING AVE., BOX 175  
CITY - ST - ZIP SARASOTA, FL 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE M ☐ Change ☒ Ad  
NAME Roberta C. Druif  
STREET ADDRESS 47 S. Palm Ave. Ste. 209  
CITY - ST - ZIP Sarasota, FL 34236

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

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*IRA Barsky*