

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005764

FILED
Feb 16, 2009
Secretary of State

Entity Name: ANIMAL RESCUE COALITION, INC.

Current Principal Place of Business:

47 S. PALM AVENUE
SUITE 209
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

47 S. PALM AVENUE
SUITE 209
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0950292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SARBEY, EDWARD H
Address: 102 N. WARBLER LN
City-St-Zip: SARASOTA, FL 34236

Title: CTD () Delete
Name: BARSKY, IRA P
Address: 1157 WEST WAY DR
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: CARR, KATHRYN A
Address: 240 S. PINEAPPLE AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: FINDLAY, KONSTANCE SK
Address: 244 SHOPPING AVE., BOX 175
City-St-Zip: SARASOTA, FL 34237

Title: M () Delete
Name: DRUIF, ROBERTA C
Address: 47 S PALM AVE STE 209
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA C. DRUIF

M

02/16/2009

Electronic Signature of Signing Officer or Director

Date