

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006265

1. Entity Name

ANIMAL RESCUE OF BREVARD, INC.



Principal Place of Business

P.O. BOX 33561
INDIALANTIC, FL 32903-0561

Mailing Address

P.O. BOX 33561
INDIALANTIC, FL 32903-0561



01092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3491175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAWSON, JAMES H
9010 BRIGHTON CIRCLE
W. MELBOURNE, FL 32904

**DO NOT WRITE
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 _____

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LAWSON, JAMES H
STREET ADDRESS	P.O. BOX 33561
CITY - ST - ZIP	INDIALANTIC, FL 329030561
TITLE	T
NAME	CHANDLER, LISA L
STREET ADDRESS	PO BOX 33561
CITY - ST - ZIP	INDIALANTIC, FL 32903
TITLE	T
NAME	OLIVER, JOHN P
STREET ADDRESS	PO BOX 33561
CITY - ST - ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000003041
01/13/04-80038-026 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

James Lawson - James Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2004

Date

321.728.9831

Daytime Phone #