


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

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006265</b> 1. Entity Name ANIMAL RESCUE OF BREVARD, INC.	
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Principal Place of Business P.O. BOX 33561 INDIALANTIC, FL 32903-0561	Mailing Address P.O. BOX 33561 INDIALANTIC, FL 32903-0561
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**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3491175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LAWSON, JAMES H P.O. BOX 33561 INDIALANTIC, FL 329030561
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CHANDLER, LISA L PO BOX 33561 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T OLIVER, JOHN P PO BOX 33561 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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000000439794  
03/02/06-80015-007 61.25

**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:**  **2/14/2006** **321.728.9878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #