

2018 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

218170246--12/3/2018

218170246



REINSTATE

09

1. CORPORATION NAME  
Animal Rescue Foundation

DUE DATE:

CORPORATE ID.: 0769705-5

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTORNEY.

SCOTT HOOK  
53 SOUTH 3RD STREET, SUITE 101  
WARRENTON VA 20186

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
130 - FAUQUIER COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA - VIRGINIA

*hm  
11-30-18*

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at [scc.virginia.gov/clk/formfee.aspx](http://scc.virginia.gov/clk/formfee.aspx) or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 11345 DOBBINS LANE	ADDRESS:
CITY/ST/ZIP: LA PLATA MD 20646	CITY/ST/ZIP:

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: MARTHA COPELAND TITLE: PRESIDENT ADDRESS: 11345 DOBBINS LANE CITY/ST/ZIP: LA PLATA MD 20646 OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

Gloria Jean Young  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Gloria Jean Young  
PRINTED NAME AND TITLE  
SECRETARY

11-20-2018  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

## 2018 ANNUAL REPORT CONTINUED

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CORPORATE NAME:  
Animal Rescue FoundationDUE DATE:  
SCC ID NO.: 0769705-5All directors and principal officers must be listed.  
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## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <b>BARBARA MACINTYRE</b> TITLE: <b>TREASURER</b> ADDRESS: <b>8219 BELFORD AVENUE</b> CITY/ST/ZIP: <b>LOS ANGELES CA 90045</b>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <b>GLORIA YOUNG</b> TITLE: <b>SECRETARY</b> ADDRESS: <b>1001 SAN PEDRO AVENUE</b> CITY/ST/ZIP: <b>TRINIDAD CO 81082</b>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: <i>GLORIA JEAN YOUNG</i> TITLE: <i>SECRETARY</i> ADDRESS: <i>1001 SAN Pedro AVENUE</i> CITY/ST/ZIP: <i>Trinidad, CO 81082</i>
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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