

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214508903

1.) CORPORATION NAME:

Animal Rescue Fund

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NORTH ROCK REPORTS, LLC
45 NORTH HILL DR STE 100
WARRENTON, VA**

SCC ID NO: **07330400**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 34

CITY/ST/ZIP: DELAPLANE, VA 20144

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.

NAME:	JENNIFER RICHARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 39		
CITY/ST/ZIP/CO:	DELAPLANE, VA 20144		

NAME:	URSULA LANDSRATH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 57		
CITY/ST/ZIP/CO:	DELAPLANE, VA 20144		

NAME:	MANISHA SARAF MORRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1918 SOMERSET DRIVE		
CITY/ST/ZIP/CO:	JEFFERSONTON, VA 22724		

NAME:	PATRICIA E. BSCHORR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9565 BRIAR LANE		
CITY/ST/ZIP/CO:	DELAPLANE, VA 20144		

NAME:	MARY W. JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1170 DELAPLANE GRADE ROAD		
CITY/ST/ZIP/CO:	UPPERVILLE, VA 20184		

NAME:	RHONDA WILKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 34		
CITY/ST/ZIP/CO:	DELAPLANE, VA 20144		

NAME: DEDE MCCLURE TITLE: TREASURER ADDRESS: PO BOX 34 CITY/ST/ZIP/CO: DELAPLANE, VA 20144	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELIC WEBBER TITLE: SECRETARY ADDRESS: PO BOX 34 CITY/ST/ZIP/CO: DELAPLANE, VA 20144	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHERINE BOSWELL TITLE: SPECIAL EVENTS ADDRESS: PO BOX 34 CITY/ST/ZIP/CO: DELAPLANE, VA 20144	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRISTIN COTTON TITLE: DIRECTOR ADDRESS: PO BOX 34 CITY/ST/ZIP/CO: DELAPLANE, VA 20144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL STADFIELD TITLE: DIRECTOR ADDRESS: PO BOX 34 CITY/ST/ZIP/CO: DELAPLANE, VA 20144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA NEISCHEL TITLE: DIRECTOR ADDRESS: PO BOX 34 CITY/ST/ZIP/CO: DELAPLANE, VA 20144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ URSULA LANDSRATH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	URSULA LANDSRATH, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/18/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		