

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725645

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.

**Current Principal Place of Business:**

4560 NORTH U.S. HIGHWAY 1  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

4560 NORTH U.S. HIGHWAY 1  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 23-7292826      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CASTNER, GARY A  
3039 SWEET PINE DR  
MELBOURNE, FL 32935      US

**Name and Address of New Registered Agent:**

BROWN, DORIS E  
2936 PEBBLE CREEK STREET  
MELBOURNE, FL 32935      US

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: DORIS E BROWN

05/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: SMALL, SUE  
Address: 414 THRUSH DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD  
Name: MEDERER, HYTA  
Address: 5595 WILLOUGHBY DR  
City-St-Zip: MELBOURNE, FL 32934

Title: SD  
Name: FRESA, HEATHER  
Address: 1892 SANBAR DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D  
Name: OLEJARSKI, EILEEN  
Address: 1834 SUN GAZER DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D  
Name: ARCHER, LINDA  
Address: 506 ROYSTON LANE  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: HYTA MEDERER

PD

05/13/2010

Electronic Signature of Signing Officer or Director

Date