

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725645

FILED
Apr 03, 2012
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MD
Name: SMALL, SUE
Address: 3065 PINEDA CROSSING DR
City-St-Zip: MELBOURNE, FL 32940

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

Title: D
Name: PRESCOTT, MARIE
Address: 2579 LONG SANDY CIR
City-St-Zip: MERRITT ISLAND, FL 32952

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: SUE SMALL

MD

04/03/2012

Electronic Signature of Signing Officer or Director

Date