



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

8/31

08-30-2004 90007 008 ****61.25

DOCUMENT # N02000000554					
1. Entity Name WILDLIFE RESCUE OF LEVY CO. INC.					
Principal Place of Business 14160 NE 51 PLACE WILLISTON, FL 32696		Mailing Address 14160 NE 51 PLACE WILLISTON, FL 32696		66433620	
2. Principal Place of Business		3. Mailing Address		 08202004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 75-2995379				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIPER, EDWARD 14160 NE 51 PLACE WILLISTON, FL 32696			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u>EDWARD D. PIPER DP</u>		<u>Edward D. Piper</u>		8/23/04	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPER, EDWARD		NAME	PAM GARBIG	
STREET ADDRESS	14160 NE 51 PLACE		STREET ADDRESS	200 E HWY 9318	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	CITRA, FLA. 32113	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPER, MARY		NAME	AL MACRI	
STREET ADDRESS	14160 NE 51 PLACE		STREET ADDRESS	1967D S.E. 33RD ST.	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	MORRISTON, FLA.	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DAVE		NAME		
STREET ADDRESS	11069 N.E. 14TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURACKO, SARAH		NAME		
STREET ADDRESS	11234 N. LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ESPYVILLE, PA 16424		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.					
SIGNATURE: <u>EDWARD D. PIPER</u>		<u>Edward D. Piper</u>		8/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				352 528-2779	