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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90141 007 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02165**

1. Corporation Name

**TREASURE COAST WILDLIFE HOSPITAL, INC.**

Principal Place of Business

2800 SE BRIDGE ROAD  
HOBE SOUND FL 33455

Mailing Address

2800 SE BRIDGE ROAD  
HOBE SOUND FL 33455



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/23/1984

4. FEI Number

59-2410883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HARVIN, WESLEY R.  
900 EAST OCEAN BLVD.  
SUITE B-210  
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name James Haugk  
82 Street Address (P.O. Box Number is Not Acceptable) 8 Periwinkle Circle  
83  
84 City Stuart FL 85 Zip Code 34996

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

James Haugk

2/14/99

12. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input type="checkbox"/> DELETE            |
| NAME           | HAUGK, JAMES                |  |
| STREET ADDRESS | 8 PERIWINKLE CIRCLE         |  |
| CITY-ST-ZIP    | STUART FL 34996             |  |
| TITLE          | S                           | <input type="checkbox"/> DELETE            |
| NAME           | BRAUN, FLORETTE             |  |
| STREET ADDRESS | 1306 13TH LANE              |  |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33410 |  |
| TITLE          | TD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | BERGALIS, GEORGE            |  |
| STREET ADDRESS | 1810 EUCALYPTUS             |  |
| CITY-ST-ZIP    | FT PIERCE FL                |  |
| TITLE          | VD                          | <input type="checkbox"/> DELETE            |
| NAME           | SANDRA FOGT                 |  |
| STREET ADDRESS | 2572 SE LUCIE BLVD          |  |
| CITY-ST-ZIP    | STUART FL                   |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | TD   |
| 3.3 STREET ADDRESS | MacQuarrie, Georgianne   |
| 3.4 CITY-ST-ZIP    | 1561 Waterfall Blvd<br>Palm City, FL 34990                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Focht  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99  
Date

561 221-8808  
Daytime Phone #

CR2E037 (11/98)