

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2007
Secretary of State**

DOCUMENT# N04000003710

Entity Name: WILDLIFE CENTER OF VENICE, INC.

Current Principal Place of Business:

3252 BORDER RD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

3252 BORDER RD
VENICE, FL 34292

New Mailing Address:

FEI Number: 20-1065695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRADER, LINDA
3252 BORDER RD
VENICE, FL 34292 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: D () Delete
Name: BARTON, KEVIN R
Address: 1300 JACKSON RD
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: SCHRADER, LINDA
Address: 3252 BORDER RD
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: BARTON, LINDA
Address: 235 SNYDER DR
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA BARTON

D

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date