


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003710
 1. Entity Name Wildlife Center of Venice, Inc.
 WILDLIFE CENTER OF VENICE, INC.



Principal Place of Business 3252 BORDER RD VENICE, FL 34292	Mailing Address 3252 BORDER RD VENICE, FL 34292
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04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1065695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHRADER, LINDA
 3252 BORDER RD
 VENICE, FL 34292

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000901187
 04/29/08-80059-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, KEVIN R 1300 JACKSON RD VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, LINDA 3252 BORDER RD VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, LINDA 235 SNYDER DR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: Linda Barton (941) 4/14/08 488-0157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #