


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 048 ****61.25

DOCUMENT # N19576
 1. Entity Name
AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.



Principal Place of Business
297 ARTISTS AVENUE
ENGLEWOOD, FL 34223
S. McCall Rd at intersection of SR 776 Englewood FL 34223

Mailing Address
40 2022 Placida Rd Englewood FL 34224
297 ARTISTS AVENUE
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

60033211



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2766635	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
SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

David M. Silberstein

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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 *Kerry E. Mack 2022 Placida Rd. Englewood FL 34224* DATE *4/22/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERSON, EDWIN LEWIS <i>40 2022 Placida Rd.</i> 297 ARTISTS AVENUE ENGLEWOOD, FL 34223 34224 - 5204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOTELSON, ROGER A DJM 381 EDEN DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASS, JOHN, IV 1490 HOMESTEAD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACK, KERRY E 2022 PLACIDA ROAD ENGLEWOOD, FL 34223 <i>34224</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERSON, RHONDA F <i>2041 Racine Dr.</i> 701 EDWARDS STREET ENGLEWOOD, FL 34223 <i>Sarasota, FL 34240</i>
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: *[Signature]* DATE: *4/22/06* DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR