

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19576

FILED
May 25, 2009
Secretary of State

Entity Name: AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

S. MCCALL RD INT. AT S.R. 776
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

C/O2022 PLACIDA ROAD
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 59-2766635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: PIERSON, EDWIN LEWIS
Address: 2022 PLACIDA ROAD
City-St-Zip: ENGLEWOOD, FL 342245204

Title: D () Delete
Name: BOTELSON, ROGER A DJM
Address: 381 EDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BASS, JOHN, IV
Address: 1490 HOMESTEAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: MACK, KERRY E
Address: 2022 PLACIDA ROAD
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: PIERSON, RHONDA F
Address: 2041 RACINMO DRIVE
City-St-Zip: SARASOTA, FL 34240

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:

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 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: EDWIN LEWIS PIERSON

PRES

05/25/2009

Electronic Signature of Signing Officer or Director

_____ Date