

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21419

FILED
Feb 17, 2006
Secretary of State

Entity Name: WREDE'S WILDLIFE REHABILITATION CENTER, INCORPORATED

Current Principal Place of Business:

4900 WILDERNESS TRAIL
C/O KAREN WREDE
SEBRING, FL 33872

New Principal Place of Business:

4820 WILDERNESS TRAIL
C/O KAREN WREDE
SEBRING, FL 33875

Current Mailing Address:

4900 WILDERNESS TRAIL
C/O KAREN WREDE
SEBRING, FL 33872

New Mailing Address:

60 WILLIAMS RD
C/O KAREN WREDE
LAKE PLACID, FL 33852

FEI Number: 59-2836736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WREDE, KAREN
4900 WILDERNESS TR.
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

WREDE, KAREN
60 WILLIAMS RD
LAKE PLACID, FL 33852 US

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: _____

02/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WREDE, DAVID,
Address: 4900 WILDERNESS TR.
City-St-Zip: SEBRING, FL

Title: PD () Delete
Name: WREDE, KAREN,
Address: 4900 WILDERNESS TR.
City-St-Zip: SEBRING, FL

Title: D () Delete
Name: SAUNDERS, JEFF,
Address: 1166 S HICKORY TRAIL
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: ANDERSON, WENDELL
Address: 105 NOTRE DAME
City-St-Zip: LAKE PLACID, FL

Title: D () Delete
Name: BROWN, STEPHEN C
Address: 2425 COUNTRY CLUB RD
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: WREDE, DAVID,
Address: 60 WILLIAMS RD
City-St-Zip: LAKE PLACID, FL 33852

Title: PD (X) Change () Addition
Name: WREDE, KAREN,
Address: 60 WILLIAMS RD
City-St-Zip: LAKE PLACID, FL 33852

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: KAREN WREDE

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date