

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001329

FILED
May 01, 2008
Secretary of State

Entity Name: FLORIDA WILDLIFE CARE, INC.

Current Principal Place of Business:

3400 SE 15ST
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

3400 SE 15ST
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3178292 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:

STRAUB, LESLIE
2284 NW 34TH PL
GAINESVILLE, FL 32605 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: SD () Delete
Name: STRAUB, LESLIE
Address: 2284 NW 34TH PL
City-St-Zip: GAINESVILLE, FL

Title: PD () Delete
Name: SKIMMING, KAREN
Address: 2010 SW 102 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: VTD () Delete
Name: HAYES, PEARSE
Address: 5733 SW 75TH ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SKIMMING, KAREN
Address: 2010 SW 102 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: PTD (X) Change () Addition
Name: HAYES, PEARSE
Address: 5733 SW 75TH ST
City-St-Zip: GAINESVILLE, FL 32608

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: LESLIE E STRAUB

_____ Electronic Signature of Signing Officer or Director

DIR

05/01/2008

_____ Date