## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#717330** 

**FILED** Feb 29, 2012 Secretary of State

Entity Name: SOUTH FLORIDA WILDLIFE CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3200 S.W. 4TH AVE.

FT. LAUDERDALE, FL 33315

**Current Mailing Address: New Mailing Address:** 

700 PROFESSIONAL DR GAITHERSBURG, MD 20879

FEI Number: 23-7086391 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:**

PACELLE, WAYNE VICE PR Name: Address: 700 PROFESSIONAL DR City-St-Zip: GAITHERSBURG, MD 20879

Title:

Name: WAITE III, G. THOMAS TREASUR Address: 700 PROFESSIONAL DR City-St-Zip: GAITHERSBURG, MD 20879

Title:

ARCINIACO, JEFFREY J DIRECTO Name: Address: 700 PROFESSIONAL DR City-St-Zip: GAITHERSBURG, MD 20879

Title: **PRES** 

Name: ARCINIACO, JEFFREY J PRESIDE Address: 700 PROFESSIONAL DR

City-St-Zip: GAITHERSBURG, MD 20879

Title: DIR

DRAKE, DEBORAH P DIRECTO Name: 700 PROFESSIONAL DR Address: City-St-Zip: GAITHERSBURG, MD 20879

Title:

CRANE, GWEN E ASSIT T Name: Address: 700 PROFESSIONAL DR GAITHERSBURG, MD 20879 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: GWEN E. CRANE AT 02/29/2012