

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719492

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: FOLKE PETERSON WILDLIFE CENTER, INC

## Current Principal Place of Business:

10948 ACME RD  
WEST PALM BEACH, FL 33414

## New Principal Place of Business:

10948 ACME RD  
WELLINGTON, FL 33414 US

## Current Mailing Address:

10948 ACME RD  
WEST PALM BEACH, FL 33414

## New Mailing Address:

10948 ACME RD  
WELLINGTON, FL 33414 US

FEI Number: 23-7085609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FINE, RANDY DR.  
4010 N.W. 100 AVE.  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

FINE, RANDY DR.  
2901 CORAL HILLS DRIVE  
SUITE 250  
CORAL SPRINGS, FL 33065 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:

04/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FINE, RANDY PHD  
Address: 4010 N.W. 100 AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VTD ( ) Delete  
Name: BOEHLER, CRIS  
Address: 100 N. E. AVENUE SIUTE 100  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D/S ( ) Delete  
Name: HIAASEN, BARBARA  
Address: 10948 ACME RD  
City-St-Zip: WEST PALM BEACH, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FINE, RANDY PHD  
Address: 2901 CORAL HILLS DRIVE, SUITE 250  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VTD (X) Change ( ) Addition  
Name: BOEHLER, CRIS  
Address: 3030 N.E. 19TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33305 US

Title: SD (X) Change ( ) Addition  
Name: HIAASEN, BARBARA A  
Address: 10948 ACME RD  
City-St-Zip: WEST PALM BEACH, FL 33414 US

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: BARBARA A. HIAASEN

SD

04/20/2007

Electronic Signature of Signing Officer or Director

Date