

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719492

FILED
May 30, 2008
Secretary of State

Entity Name: FOLKE PETERSON WILDLIFE CENTER, INC

Current Principal Place of Business:

10948 ACME RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

10948 ACME RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 23-7085609 **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:

FINE, RANDY DR.
2901 CORAL HILLS DRIVE
SUITE 250
CORAL SPRINGS, FL 33065 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: PD () Delete
Name: FINE, RANDY PHD
Address: 2901 CORAL HILLS DRIVE, SUITE 250
City-St-Zip: CORAL SPRINGS, FL 33065 US

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BROMBACHER, CAROLYN ESQ.
Address: ONE FINANCIAL PLAZA, SUITE 2602
City-St-Zip: FORT LAUDERDALE, FL 33394

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: BARBARA A. HIAASEN

SD

05/30/2008

Electronic Signature of Signing Officer or Director

Date