


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90202 030 ****61.25

DOCUMENT # 724714 1. Entity Name CLINIC FOR THE REHABILITATION OF WILDLIFE, INC.					
Principal Place of Business 3883 SANIBEL-CAPTIVA ROAD P.O. BOX 150 SANIBEL, FL 33957 US			Mailing Address PO BOX 150 SANIBEL, FL 33957 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 23-7271040	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURTY, TIMOTHY J. 1633-A PERIWINKLE WAY SANIBEL, FL 33957				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN, ANN 1605 MIDDLE GULF DRIVE, #303 SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LENA 3819 WEST GULF DRIVE SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUSCHAL, ROBERTA 4961 JOEWOOD DR SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELDESS, GAIL 577 LAKE MUREX CIRCLE SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUGLASS, PAUL DVM 9540 CYPRESS LAKE DR. FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, WAYNE 837 SANDOLLAR DR. SANIBEL, DR 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Tucker, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/16/07 Daytime Phone # 472-3644		

See attached current listing.

ATTACHMENT 40081745

724714

CLINIC FOR THE REHABILITATION OF WILDLIFE INC.
2007 BOARD OF DIRECTORS

PRESIDENT

JOHN SCHUBERT
16897 CAPTIVA DR
CAPTIVA, FL 33924

VICE PRESIDENT

PAUL DOUGLASS, DVM
571 PECK AVE
FORT MYERS, FL 33919

TREASURER

SUSAN TUCKER
676 ANCHOR DR
SANIBEL, FL 33957

SECRETARY

LENA BROWN
3819 WEST GULF DR
SANIBEL, FL 33957

DIRECTOR

ANN ARNOFF
2777 WEST GULF DR
SANIBEL, FL 33957

DIRECTOR

DEBBIE FRIEDLUND
1436 JAMAICA DR
SANIBEL, FL 33957

DIRECTOR

ANNE MARTIN
8331 WHISKEY PRESERVE CIR, #430
FORT MYERS, FL 33919

DIRECTOR

DAVID NICHOLS, DVM
15820 SILVERADO CT
FORT MYERS, FL 33908

DIRECTOR

DAVID PLATT
9438 MOONLIGHT DR
SANIBEL, FL 33957

DIRECTOR

GEOFF ROEPSTORFF
1287 ISABEL DR
SANIBEL, FL 33957

DIRECTOR

SPRING ROSEN
505 LIGHTHOUSE WAY
SANIBEL, FL 33957

DIRECTOR

GAIL SELDESS
577 LAKE MUREX CIR
SANIBEL, FL 33957

DIRECTOR

DANIEL MOORE THOMPSON
6218 MANGROVE LA
SANIBEL, FL 33957