


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90190 034 \*\*\*\*70.00

<b>DOCUMENT # 724714</b> 1. Entity Name <b>CLINIC FOR THE REHABILITATION OF WILDLIFE, INC.</b>					
Principal Place of Business <b>3883 SANIBEL-CAPTIVA ROAD P.O. BOX 150 SANIBEL, FL 33957 US</b>			Mailing Address <b>PO BOX 150 SANIBEL, FL 33957 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURTY, TIMOTHY J. 1633-A PERIWINKLE WAY SANIBEL, FL 33957				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 _____					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUBERT, JOHN		NAME		
STREET ADDRESS	16897 CAPTIVA DR.		STREET ADDRESS		
CITY-ST-ZIP	CAPTIVA, FL 33924		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LENA		NAME		
STREET ADDRESS	3819 WEST GULF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCKER, SUSAN		NAME		
STREET ADDRESS	676 ANCHO DR		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELDESS, GAIL		NAME		
STREET ADDRESS	577 LAKE MUREX CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLASS, PAUL DVM		NAME		
STREET ADDRESS	9540 CYPRESS LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, ANN		NAME		
STREET ADDRESS	8331 WHISKEY PRESERVE CIR #430		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Susan Tucker</i> <b>SUSAN TUCKER</b> <i>April 28, 2008</i> <b>(239) 395-5846</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

SEE ATTACHED  
UPDATES

ATTACHMENT 60033791

#724714

# CROW



Clinic for the Rehabilitation of Wildlife, Inc.  
PO Box 150, Sanibel, FL 33957  
Phone: 239-472-3644, ext 4 Fax: 239-472-8544  
crowclinic.org

## Board of Directors March 2008 - February 2009

### **P/D**

Douglass, Dr Paul  
571 Peck Ave  
Fort Myers, FL 33919

### **V/D**

Nichols, Dr David  
15820 Silverado Ct  
Fort Myers, FL 33908

### **T/D**

Tucker, Susan  
PO Box 318  
676 Anchor Dr  
Sanibel, FL 33957

### **S/D**

Thompson, Daniel  
6218 Mangrove Lane  
Sanibel, FL 33957

### **D**

Boyd, Wayne  
837 Sand Dollar Dr  
Sanibel, FL 33957

### **D**

Dunn, Susan  
1302 Poinciana Ave  
Fort Myers, FL 33901

### **D**

Friedlund, Debbie  
1436 Jamaica Dr  
Sanibel, FL 33957

### **D**

Martin, Anne  
8331 Whiskey Preserve Circle, # 430  
Fort Myers, FL 33919

### **D**

Platt, David  
9438 Moonlight Dr  
Sanibel, FL 33957

### **D**

Roepstorff, Geoffrey  
1287 Isabel Dr  
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### **D**

Rosen, Spring  
505 Lighthouse Way  
Sanibel, FL 33957

### **D**

Yeadon, Charmaine  
PO Box 841  
974 Greenwood Ct  
Sanibel, FL 33957