

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724714

FILED
Apr 06, 2009
Secretary of State

Entity Name: CLINIC FOR THE REHABILITATION OF WILDLIFE, INC.

Current Principal Place of Business:

3883 SANIBEL-CAPTIVA ROAD
P.O. BOX 150
SANIBEL, FL 33957 US

New Principal Place of Business:

3883 SANIBEL-CAPTIVA ROAD
SANIBEL, FL 33957 US

Current Mailing Address:

PO BOX 150
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 23-7271040 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURTY, TIMOTHY J.
1633-A PERIWINKLE WAY
SANIBEL, FL 33957 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: P () Delete
Name: SCHUBERT, JOHN
Address: 16897 CAPTIVA DR.
City-St-Zip: CAPTIVA, FL 33924 US

Title: SD () Delete
Name: BROWN, LENA
Address: 3819 WEST GULF DRIVE
City-St-Zip: SANIBEL, FL 33957 US

Title: T () Delete
Name: TUCKER, SUSAN
Address: 676 ANCHO DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: SELDESS, GAIL
Address: 577 LAKE MUREX CIRCLE
City-St-Zip: SANIBEL, FL 33957 US

Title: V () Delete
Name: DOUGLASS, PAUL DVM
Address: 9540 CYPRESS LAKE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: MARTIN, ANN
Address: 8331 WHISKEY PRESERVE CIR #430
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TUCKER, SUSAN
Address: 676 ANCHOR DR
City-St-Zip: SANIBEL, FL 33957 US

Title: SD (X) Change () Addition
Name: THOMPSON, DANIEL
Address: 6218 MANGROVE LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: T (X) Change () Addition
Name: YEADON, CHARMAINE
Address: 974 GREENWOOD COURT
City-St-Zip: SANIBEL, FL 33957

Title: V (X) Change () Addition
Name: NICHOLS, DAVID DVM
Address: 15820 SILVERADO CT
City-St-Zip: FORT MYERS, FL 33908 US

Title: D (X) Change () Addition
Name: DOUGLASS, PAUL DVM
Address: 9540 CYPRESS LAKE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN TUCKER

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date