

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724714

FILED
Jan 28, 2010
Secretary of State

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

Current Principal Place of Business:

3883 SANIBEL-CAPTIVA ROAD
SANIBEL, FL 33957 US

New Principal Place of Business:

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 ()

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
Name: TUCKER, SUSAN
Address: 676 ANCHOR DR
City-St-Zip: SANIBEL, FL 33957 US

Title: SD
Name: THOMPSON, DANIEL
Address: 6218 MANGROVE LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: T
Name: YEADON, CHARMAINE
Address: 974 GREENWOOD COURT
City-St-Zip: SANIBEL, FL 33957

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN PETERSEN TUCKER

PRES

01/28/2010

Electronic Signature of Signing Officer or Director

Date