

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724714

FILED
Feb 07, 2012
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 (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
Name: SCHUBERT, JOHN
Address: PO BOX 696
City-St-Zip: CAPTIVA, FL 33924 US

Title: S
Name: THOMPSON, DANIEL
Address: 630 TARPON BAY ROAD #2
City-St-Zip: SANIBEL, FL 33957 US

Title: T
Name: TUCKER, SUSAN
Address: PO BOX 318
City-St-Zip: SANIBEL, FL 33957

Title: V
Name: NACHTSHEIM, ANNIE
Address: 460 ELIZABETH ROAD
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: BOYD, WAYNE
Address: 837 SAND DOLLAR DR.
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: CONGRESS, MELISSA
Address: 1990 SUNRISE CIRCLE
City-St-Zip: SANIBEL, FL 33957

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: JOHN SCHUBERT

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date