

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725645

FILED
Feb 10, 2009
Secretary of State

Entity Name: FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.

Current Principal Place of Business:

4560 NORTH U.S. HIGHWAY 1
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

4560 NORTH U.S. HIGHWAY 1
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 23-7292826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTNER, GARY A
3039 SWEET PINE DR
MELBOURNE, FL 32935 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: TD () Delete
Name: CASTNER, GARY A
Address: 3039 SWEET PINE DR
City-St-Zip: MELBOURNE, FL 32935

Title: MD () Delete
Name: SMALL, SUE
Address: 414 THRUSH DR
City-St-Zip: SATELLITE BCH, FL 32937

Title: PD () Delete
Name: MEDERER, HYTA
Address: 3980 TURKEY POINT DR
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: FRESA, HEATHER
Address: 1892 SANBAR DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: RACHER, LINDA
Address: 506 ROYSTON LANE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: OLEJARSKI, EILEEN
Address: 262 MARION ST.
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: ARCHER, LINDA
Address: 506 ROYSTON LANE
City-St-Zip: MELBOURNE, FL 32940

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: GARY CASTNER

TD

02/10/2009

Electronic Signature of Signing Officer or Director

Date