

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 015 ****61.25

DOCUMENT # F02000002779 1. Entity Name WILDLIFE HAVEN REHAB INC.					
Principal Place of Business 12514 JOT EM DOWN LANE ODESSA, FL 33556				Mailing Address 12514 JOT EM DOWN LANE ODESSA, FL 33556	
2. Principal Place of Business		3. Mailing Address 12070 74TH AVE N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SEMINOLE, FL			
Zip	Country	Zip 33772	Country USA	4. FEI Number 06-1631447	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUGHMAN, BRENDA 12514 JOT EM DOWN LANE ODESSA, FL 33556			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS BAUGHMAN, BRENDA 12514 JOT EM DOWN LANE ODESSA, FL 33556 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T FINK, EDWARD 12070 74TH AVE N. SEMINOLE, FL 33772 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRIS, JESSIE G 753 SASCO HILL RD FAIRFIELD, CT 06430 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	FERRIS, JESSIE G 753 SASCO HILL RD FAIRFIELD, CT 06430 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PERRY, DIANE DVM. 916 BROADWAY DUNEDIN, FL 34698 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P BAUGHMAN, BRENDA 12514 JOT EM DOWN LANE ODESSA, FL 33556 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT BAUGHMAN, JOHN K 12514 JOT EM DOWN LANE ODESSA, FL 33556 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V BAUGHMAN, JOHN K 12514 JOT EM DOWN LANE ODESSA, FL 33556 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT LADD, DAWN 12076 74TH AVE N. SEMINOLE, FL 33772 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S LADD, DAWN 12070 74TH AVE N. SEMINOLE, FL 33772 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CZYZOWSKI, ARLENE 5633 HALF MOON LAKE RD TAMPA, FL 33625 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u>Edward Fink</u> EDWARD FINK IT 4-27-04 727-319-6434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					