

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000454	
1. Entity Name ARNOLD'S WILDLIFE REHABILITATION CENTER, INC.	

Principal Place of Business 14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972	Mailing Address 14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972
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01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955277	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARNOLD, SUE 14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARNOLD, SUE 14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARNOLD, CLARENCE 14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARCUM, WILLIAM E JR. 2912 N.W. 144TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/02/04-80092-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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>Sue Arnold</u> <u>SUE ARNOLD</u>	<u>1-21-04</u> <u>863-763-4630</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #