


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000454 1. Entity Name ARNOLD'S WILDLIFE REHABILITATION CENTER, INC.	
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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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DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0955277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARNOLD, SUE 14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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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03/14/05-80043-001 61.25

**DO NOT WRITE
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)(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: SUE ARNOLD **3-10-05** **863-763-4630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #