

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 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



01092006 No Chg-NP CR2E037 (11/05)

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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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000482996
04/11/06-80097-018 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARNOLD, SUE
STREET ADDRESS 14985 N.W. 30TH TERRACE
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VD
NAME ARNOLD, CLARENCE
STREET ADDRESS 14985 N.W. 30TH TERRACE
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE SD
NAME MARCUM, WILLIAM E JR.
STREET ADDRESS 2912 N.W. 144TH DRIVE
CITY-ST-ZIP 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 SUE ARNOLD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06 863-634-6804
Date Daytime Phone #