2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000454

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

Principal Place of Business	Mailing Address
14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972	14985 N.W. 30TH TERRACE OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP CR2E037 (4/06)

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 _____ 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, 2007

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

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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01/17/07-80076-018 61.25

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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 1-10-07 863-763-4630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #