

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001248

1. Entity Name
EXOTIC & WILD BIRD RESCUE OF FLORIDA KEYS INC.



Principal Place of Business
**1388 AVE B
BIG PINE KEY, FL 33043**

Mailing Address
**P O BOX 431392
BIG PINE KEY, FL 33043**



06212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0993931

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, MAYA
1388 AVE B
BIG PINE KEY, FL 33043**

**DO NOT WRITE
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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000162795
06/23/04-80001-001 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
TOTMAN, NAYA
1388 AVE B
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
TOTMAN, PAUL A
1388 AV B
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MERKEL, HOWARD L
540 KEY DEER BV
BIG PINE KEY, FL 33043**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
QUEEN, LAURA
9300 OVERSEAS HWY
TAVERNIER, FL 33070**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**C
CLARK, JOHN
281 WEST INDIES DRIVE
RAMROD KEY, FL 33053**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVM
SARGENT, LOIS DR
PO BOX 521801
MIAMI, FL 33152**

**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: Maya Totman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/04 305-872-1982
Date Daytime Phone