


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90093 030 ****70.00

DOCUMENT # N00000003231					
1. Entity Name NDM FERRET RESCUE & SANCTUARY, INC.					
Principal Place of Business 12105 61ST LANE N ROYAL PALM BEACH, FL 33412			Mailing Address 1128 ROYAL PALM BEACH BLVD. PMB 473 WEST PALM BEACH, FL 33411-1683		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1009138	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VILLAREALE, JOLENE 12105 61ST LANE N ROYAL PALM BEACH, FL 33412			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME VILLAREALE, J. MICHELE STREET ADDRESS 12105 61ST LANE NORTH CITY-ST-ZIP ROYAL PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE P NAME VILLAREALE, J. MICHELE STREET ADDRESS 12105 61ST LANE NORTH CITY-ST-ZIP ROYAL PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RILEY, CARIN STREET ADDRESS 6495 NW 62ND TERRACE CITY-ST-ZIP PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MICHAELS, DONA STREET ADDRESS 4861 NE 7TH AVENUE CITY-ST-ZIP OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MARTIN, SCOTT G DR STREET ADDRESS 1471 FULSOM RD CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME HISCOCK, JONENE A STREET ADDRESS 12105 61ST LANE NORTH CITY-ST-ZIP ROYAL PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>J. Michele Villareale</i> President 4/29/05 961-471-8876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> J. MICHELE VILLAREALE <small>Daytime Phone #</small> X172					