

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

8/31

08-30-2004 90007 008 ****61.25

DOCUMENT # N02000000554					
1. Entity Name WILDLIFE RESCUE OF LEVY CO. INC.					
Principal Place of Business 14160 NE 51 PLACE WILLISTON, FL 32696			Mailing Address 14160 NE 51 PLACE WILLISTON, FL 32696		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08202004 Chg-NP CR2E037 (10/03)	
4. FEI Number 75-2995379				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIPER, EDWARD 14160 NE 51 PLACE WILLISTON, FL 32696			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 <u>EDWARD D. PIPER DP</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>Edward D. Piper</u> 8/23/04 <small>(NOTE: Registered Agent signature required when installing) DATE</small>		
Filing Fee is \$61.25 Due by September 8, 2004		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 PD	NAME PIPER, EDWARD		<input type="checkbox"/> Delete	TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14160 NE 51 PLACE	CITY-ST-ZIP WILLISTON, FL 32696			NAME PAM GARGI	
STREET ADDRESS 14160 NE 51 PLACE	CITY-ST-ZIP WILLISTON, FL 32696			STREET ADDRESS 200 E HWY 9318	
CITY-ST-ZIP WILLISTON, FL 32696	CITY-ST-ZIP WILLISTON, FL 32696			CITY-ST-ZIP CITRA, FLA. 32113	
TITLE STD	NAME PIPER, MARY		<input type="checkbox"/> Delete	TITLE BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14160 NE 51 PLACE	CITY-ST-ZIP WILLISTON, FL 32696			NAME AL MACRI	
STREET ADDRESS 14160 NE 51 PLACE	CITY-ST-ZIP WILLISTON, FL 32696			STREET ADDRESS 19670 S.E. 33RD ST.	
CITY-ST-ZIP WILLISTON, FL 32696	CITY-ST-ZIP WILLISTON, FL 32696			CITY-ST-ZIP MORRISTON, FLA.	
TITLE D	NAME THOMAS, DAVE		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11069 N.E. 14TH AVENUE	CITY-ST-ZIP BRANFORD, FL 32008			NAME 	
STREET ADDRESS 11069 N.E. 14TH AVENUE	CITY-ST-ZIP BRANFORD, FL 32008			STREET ADDRESS 	
CITY-ST-ZIP BRANFORD, FL 32008	CITY-ST-ZIP BRANFORD, FL 32008			CITY-ST-ZIP 	
TITLE D	NAME JURACKO, SARAH		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11234 N. LAKE ROAD	CITY-ST-ZIP ESPYVILLE, PA 16424			NAME 	
STREET ADDRESS 11234 N. LAKE ROAD	CITY-ST-ZIP ESPYVILLE, PA 16424			STREET ADDRESS 	
CITY-ST-ZIP ESPYVILLE, PA 16424	CITY-ST-ZIP ESPYVILLE, PA 16424			CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 			CITY-ST-ZIP 	
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 empowerments.					
SIGNATURE: <u>EDWARD D. PIPER</u>			<u>Edward D. Piper</u> 8/23/04 352 528-2779		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		