2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000006403  1. Enuty Name				FILED Aug 22, 2005 08:00 AM Secretary of State			
WILDLIF	E CARE CENTER OF FLORIDA	INC.			Secretary	of Stat	te
Principal Plac	ce of Business	Mailing Address					
4960 PALM AVE COCOA FL 32926 COCOA FL 32926							
	Place of Business.		3   <b>  6   1   1   6</b>   1   1   1   1   1   1   1   1   1	âii ii ii ii ii ii ii âiii âiii ii ii ii			
Suite, Apt. #, etc.				1st MC	OORE CR2EO	37 (10/04)	
City & State		City & State		4. FEI Number	9-3755553	i −i ′	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
CYDIEN ITNINIEED				s (PO Box Number is	1/		
326	5 GŘEENBRIAR CT JSVILLE FL 32796		Street Address	s (P O Box Number Isl	lot/Acgeptable)		
			City		<u>/</u>	Zip Cod	10
The above named entity <u>submits this statement for the purpose of changing its registered office or registered</u>				· · · · · · · · · · · · · · · · · · ·	F	<b>-</b>	
the obligat	tions of registered agent	purpose of changing its re	egistered office or regist	tered agent, or both, in t	he State of Florida I an	n familiar with,	and accept
SIGNATURE	Maria Som	_ Presi	dent	_	7.14	(·05	
	Signature, typied or printed harne of regist fed Typint and to	the if applicable (NOTE)	Rugisleted Agent signature requir	fed when reinstaling)	DATE		
!	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Ched Florida Depa	ck Payable rtment of t	to State
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	l 10
DILE	D SYPIEN, PAUL	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	2815 GREGARY AVE.	-	STHEET AUDRESS				
GITY-ST-ZIP	TITUSVILLE FL 32796		CHA-ST-ME				
TITLE NAMÉ	D SYPIEN, JENNIFER	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	2815 GREGARY AVE.	- 	STREET AGORESS	إ	/00000376771 2/05-80001 <i>-</i> 01		
CITY-ST-ZIP	TITUSVILLE FL 32796	· - · · · · · · · · · · · · · · · · · ·	CHY-SH-MP	U8/2	<u> </u>		_
NAME	HUNT, STANLEE	☐ Delete 〔□ □□□	TITLE			Change	Addition
STREET ADDRESS	395 MAPLE PLACE	خست بحسدت	CIREEI ADOBESS				
CHY-SI-7IF	TITUSVILLE FL 32780	☐ Delete	CITY-ST-ZIP		<del></del>	Chapea	Addition
NAME		FT Detaile	NAME			☐ Change	☐ Vagurou
GITY-ST ZIP			STREET ADDRESS CITY - ST - ZIF				
ritu		☐ Detele	ittt			☐ Change	
NAME STREET ADDRESS			NAME SIREET ADDRESS				
CITY-ST 7:P			CITY ST- AP				
Lift E		☐ Delete	ntfē			☐ Change	Addition
NAME STRFFF ADDRESS			NAME CIREET ADDRESS				
CITY-ST-7IP			CITY ST-ZIP				
<ol><li>12. I bereby o</li></ol>	certify that the information supplied with this	filing does not qualify for th	a everantion stated in 9	Section 119 07/3Vi) Flor	ida Statutos I furtbor co	etifu that the in	formation

2. Trereby 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME

F SIGNING OFFICER OR DIRECTOR

1.14.05

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