

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006403

FILED
Jul 01, 2006
Secretary of State

Entity Name: WILDLIFE CARE CENTER OF FLORIDA INC.

Current Principal Place of Business:

4960 PALM AVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

4960 PALM AVE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3755553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SYPIEN, JENNIFER
3265 GREENBRIAR CT
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

SYPIEN, JENNIFER
4960 PALM AVE
COCOA, FL 32926 US

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.

SIGNATURE: _____

07/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYPIEN, PAUL
Address: 2815 GREGARY AVE.
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: SYPIEN, JENNIFER
Address: 2815 GREGARY AVE.
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: HUNT, STANLEE
Address: 395 MAPLE PLACE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SYPIEN, PAUL
Address: 4960 PALM AVE
City-St-Zip: COCOA, FL 32926

Title: D (X) Change () Addition
Name: SYPIEN, JENNIFER
Address: 4960 PALM AVE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SYPIEN

D

07/01/2006

Electronic Signature of Signing Officer or Director

Date