

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02165

FILED
Apr 10, 2007
Secretary of State

Entity Name: TREASURE COAST WILDLIFE HOSPITAL, INC.

Current Principal Place of Business:

8438 SW 48TH AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

8438 SW 48TH AVENUE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 59-2410883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUGK, JAMES
2964 NE SEWALL'S LANDING WAY
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAUGK, JAMES
Address: 2964 NE SEWALLS LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Delete
Name: BOOTH, MICHELLE
Address: 645 NE VANDA TERRADO
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD () Delete
Name: GRAVES, GEORGIANNE
Address: 9168 SW 21ST DR.
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: ELLIOTT, REBECCA
Address: 3089 SE LIMETREE TERR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES HAUGK

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date