

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02165

FILED
Apr 14, 2009
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:

8626 SW CITRUS BLVD
PALM CITY, FL 34990

Current Mailing Address:

8438 SW 48TH AVENUE
PALM CITY, FL 34990

New Mailing Address:

8626 SW CITRUS BLVD
PALM CITY, FL 34990

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

Title: ED () Delete
Name: MARTINELLI, DANIEL EXE DIR
Address: 8438 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BOOTH, MICHELLE
Address: 605 S. DAKOTA #4
City-St-Zip: TAMPA, FL 33606

Title: TD (X) Change () Addition
Name: GRAVES, GEORGIANNE
Address: 948 SW 33RD ST.
City-St-Zip: PALM CITY, FL 34990

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

Title: ED (X) Change () Addition
Name: MARTINELLI, DANIEL EXE DIR
Address: 8626 SW CITRUS BLVD
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL MARTINELLI

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date