

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # NO3000002683

1. Entity Name  
EVERGLADES WONDERGARDEN WILD LIFE  
REHABILITATION, INC.



Principal Place of Business  
27120 OLD 41 RD.  
BONITA SPRINGS, FL 34135

Mailing Address  
POST OFFICE BOX 292  
BONITA SPRINGS, FL 34133



04252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1685712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

EVERGLADES WILDLIFE REHAB, INC.  
27120 OLD 41 RD.  
BONITA SPRINGS, FL 34135

**DO NOT WRITE  
IN THIS SPACE**

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 *David T. Piper Jr. Pres.*

4-26-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PIPER, DAVID  
STREET ADDRESS 27657 OLD 41 ROAD  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VPD  
NAME PIPER, DAWN  
STREET ADDRESS 27657 OLD 41 ROAD  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE STD  
NAME SMITH, BRADLEY  
STREET ADDRESS 27657 OLD 41 ROAD  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/21/07-80017-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: *David T. Piper Jr. Pres.*

4-26-07 239-992-8792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #