

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006626

FILED
Apr 13, 2005
Secretary of State

Entity Name: WILDLIFE RESCUE COALITION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-0966951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROVEDO, BARBARA
6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216 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: P () Delete
Name: DOBSON, BROOKE
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: V (X) Delete
Name: METZGER, WANDA
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: RUDE, MARC
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: TIDWELL, BARBARA Y
Address: 3930 NOVALINE LANE
City-St-Zip: JACKSONVILLE, FL 32277

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 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 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: BARBARA TIDWELL

T

04/13/2005

Electronic Signature of Signing Officer or Director

Date