


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90281 003 ****61.25

DOCUMENT # N03000006626 1. Entity Name WILDLIFE RESCUE COALITION OF NORTHEAST FLORIDA, INC.			
Principal Place of Business 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216		Mailing Address 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 6853 SEABOARD AVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 24535 Suite, Apt. #, etc.		
City & State JACKSONVILLE FL Zip 32244	City & State JACKSONVILLE FL Zip 32241	4. FEI Number 20-0966951 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04192007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ROVEDO, BARBARA 6850 BELFORT OAKS PLACE JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6817 SOUTH POINT PKWY # 801 City JACKSONVILLE FL Zip Code 32216	
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 <u>Barbara Rovedo</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/19/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME DOBSON, BROOKE STREET ADDRESS 6850 BELFORT OAKS PLACE CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE D NAME TECLA MYRICK, DVM STREET ADDRESS 8560 ARLINGTON EXPWY CITY-ST-ZIP JACKSONVILLE FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME TIDWELL, BARBARA Y STREET ADDRESS 3930 NOVALINE LANE CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE D NAME BRIAN PARADISE STREET ADDRESS 13 ARBOR CLUB DR #315 CITY-ST-ZIP PONTE VEDRA BEACH FL 32062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME BOULTON, LAURA STREET ADDRESS P. O. BOX 24535 CITY-ST-ZIP JACKSONVILLE, FL 32241	<input checked="" type="checkbox"/> Delete	TITLE D NAME LINDA VANKRENSBERG STREET ADDRESS 2314 SMULLIAN TR. N. CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BARBARA ROVEDO STREET ADDRESS 6817 SOUTH POINT PKWY #801 CITY-ST-ZIP JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> Delete	TITLE D NAME CLINT WILKINSON STREET ADDRESS 4420 WINDERGATE CT CITY-ST-ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ROBERT HARTER STREET ADDRESS 11286 J.D. SMITH TR CITY-ST-ZIP GLEN ST. MARY, FL 32040	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> Delete	TITLE D NAME DEBORRAH HOAG STREET ADDRESS 727 EGRET BLVD LANE CITY-ST-ZIP JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HILTON MANUAL STREET ADDRESS 12540 ANGEL LAKE DR.W. CITY-ST-ZIP JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> Delete	TITLE D NAME STEPHEN HART, D.V.M. STREET ADDRESS 12134 FT. CAROLINE ROAD CITY-ST-ZIP JACKSONVILLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Barbara Rovedo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/19/07</u> Daytime Phone # <u>904 296-7724</u>	