

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006626

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

6853 SEABOARD AVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24535
JACKSONVILLE, FL 32241

New Mailing Address:

3930 NOVALINE LANE
JACKSONVILLE, FL 32277

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
6817 SOUTHPPOINT PKWY
#801
JACKSONVILLE, FL 32214 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: D () Delete
Name: HOAG, DEBORAH
Address: 727 EGRET BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: D () Delete
Name: PARADISE, BRIAN
Address: 13 ARBOR CLUB DR #315
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: ROVEDO, BARBARA
Address: 6817 SOUTHPPOINT PKWY #801
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: HARTER, ROBERT
Address: 11286 J.D. SMITH TR
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: D () Delete
Name: HILTON, MANUAL
Address: 12570 ANGEL LAKE DR. W.
City-St-Zip: JACKSONVILLE, FL 32218

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: VP (X) Change () Addition
Name: ROVEDO, BARBARA
Address: 6817 SOUTHPPOINT PKWY #801
City-St-Zip: JACKSONVILLE, FL 32216

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 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: BARBARA ROVEDO

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date