


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003710
 1. Entity Name
 WILDLIFE CENTER OF VENICE, INC.



Principal Place of Business: 3252 BORDER RD, VENICE, FL 34292
 Mailing Address: 3252 BORDER RD, VENICE, FL 34292



03272006 No Chg-NP GR2E037 (11/05)

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4. FEI Number: 20-1065695
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHRADER, LINDA
 3252 BORDER RD
 VENICE, FL 34292

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTON, KEVIN R
STREET ADDRESS	1300 JACKSON RD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	SCHRADER, LINDA
STREET ADDRESS	3252 BORDER RD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	BARTON, LINDA
STREET ADDRESS	235 SNYDER DR
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda K. Schrader Linda Schrader 4-2-06 (941)484-9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #