## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N05000003328**

1. Entity Name
WILDLIFE REHABILITATORS PARTNERSHIP OF NW
FLORIDA, INC.



Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90281 015 \*\*\*\*70.00

**FILED** 

						COD #	2.19							
Principal Place of Business 827 WEEDEN ISLAND DR NICEVILLE, FL 32578			PO B	Mailing Address PO BOX 1835 DESTIN, FL 32540				60027662						
0.03	N/D													
2. Principal Place of Business			3. Mail	3. Mailing Address						HILL THU II	LIII <b>kyiny</b> ki <b>ab</b> i			
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01042006	Chg-NP	(	CR2E037 (	11/05)	•	
City & State			Cit	City & State				4. FEI Numb	56263	99	·	<del></del>	oplied For ot Applicable	
Zip Country		Zip	Zip Cou		intry	5. Certificate of State		of Status Des	sired	ired S8.75 Additional Fee Required				
6. Name and Address of Current Regis			ent Registere	tered Agent			7. Name and Address of New Registered Agent							
MILLER, LISA 827 WEEDEN ISLAND DR NICEVILLE, FL 32578							Street Address (P.O. Box Number is Not Acceptable)							
NOEVILLI	E, FL 323	70												
						City					FL	Zip Cod	9	
8. The above	named entit	y submits this statemer	nt for the purp	ose of changing its	egistere	ed office o	r register	ed agent, or bo	th, in the State	of Florid	la. I am fami	liar with,	and accept	
the obligat	tions of regist	ered agent.												
SIGNATURE 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, 2006				<ol><li>Election Campaign F Trust Fund Contribut</li></ol>			_	\$5.00 May Be Added to Fees			Make check payable to Florida Department of State			
	Due by N	lay 1, 2006	1	Trust Fund Co	ontributi	ion.		Added to Fees		Florida	Departme	nt of S	tate	
10.	Due by M	OFFICERS AND	DIRECTORS	Trust Fund Co	ntributi	ion.								
10.	P P		DIRECTORS	Trust Fund Co				Added to Fees			AND DIREC		1 10	
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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: Holenderson

Kim Henderson

4.6.06

850-729-0197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #