

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90281 015 \*\*\*\*70.00

**DOCUMENT # N05000003328**

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



Principal Place of Business  
**827 WEEDEN ISLAND DR  
NICEVILLE, FL 32578**

Mailing Address  
**PO BOX 1835  
DESTIN, FL 32540**

**60027662**



01042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-2626399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, LISA  
827 WEEDEN ISLAND DR  
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HENDERSON, KIM**  
STREET ADDRESS **2196 CHASE DR**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **V** ☐ Delete  
NAME **MILLER, LISA**  
STREET ADDRESS **827 WEEDEN ISLAND DR**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **T** ☐ Delete  
NAME **LORRAIN, KAREN**  
STREET ADDRESS **229 TALQUIN**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **S** ☒ Delete  
NAME **ADDINGTON, KENDRA**  
STREET ADDRESS **1663 BENNETTS END**  
CITY-ST-ZIP **FT WALTON BEACH, FL 32547**

TITLE **D** ☐ Delete  
NAME **HENDERSON, SLOAN**  
STREET ADDRESS **2196 CHASE DR**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete  
NAME **FLOYD, MINDY**  
STREET ADDRESS **19 RUBY CIRCLE**  
CITY-ST-ZIP **MARY ESTHER, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME **Hayley Odom**  
STREET ADDRESS **605 Harbor Lane**  
CITY-ST-ZIP **Destin FL 32541**

TITLE **D** ☐ Change ☒ Addition  
NAME **Linda Daugherty**  
STREET ADDRESS **5 Cahaba Lane**  
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Kim Henderson* **Kim Henderson**

**4-6-06**

**850-729-0197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #