2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90019 005 ****70.00

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

Principal Place of Business	Mailing Address
827 WEEDEN ISLAND DR NICEVILLE, FL 32578	PO BOX 1835 DESTIN, FL 32540

03032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
MILLER, LISA 827 WEEDEN ISLAND DR NICEVILLE, FL 32578	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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENDERSON, KIM 2196 CHASE DR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kim Henderson 2196 Chase Dr Niceville, FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, LISA 827 WEEDEN ISLAND DR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ Lisa Miller 827 Weeden Isl. Dr. Niceville, FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LORRAIN, KAREN 229 TALQUIN DESTIN, FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Becky Settle 3196 Sunset Bch Dr Niceville, FL 32578	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ODOM, HAYLEY 605 HARBOR LN DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jason Floyd 19 Ruby Circle Fort Walton Beach, FL 32548	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSON, SLOAN 2196 CHASE DR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sloan Henderson 2196 Chase Dr. Niceville, FL 32578	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUGHERTY, LINDA 5 CAHABA LN DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Linda Daugherty 5 Cahaba Ln Destin, FL 32541	☑ Change ☐ 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: Lisa R. Miller 3-11-08 850 678-6584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #