

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003328

FILED
Feb 05, 2009
Secretary of State

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

Current Principal Place of Business:

827 WEEDEN ISLAND DR
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 1835
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-2626399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, LISA
827 WEEDEN ISLAND DR
NICEVILLE, FL 32578 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: HENDERSON, KIM
Address: 2196 CHASE DR
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: MILLER, LISA
Address: 827 WEEDEN ISL. DR.
City-St-Zip: NICEVILLE, FL 32598

Title: D () Delete
Name: SETTLER, BECKY
Address: 3186 SUNSET BCH DR
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: ODOM, HAYLEY
Address: 605 HARBOR LN
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: HENDERSON, SLOAN
Address: 19 RUBY CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: DAUGHERTY, LINDA
Address: 5 CAHABA LN
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SETTLE, BECKY
Address: 3186 SUNSET BCH DR
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FLOYD, JASON
Address: 19 RUBY CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: LISA R. MILLER

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date