

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003328

FILED
Jan 03, 2011
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:

827 WEEDEN ISLAND DR
NICEVILLE, FL 32578

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
Name: HENDERSON, KIM
Address: 2196 CHASE DR
City-St-Zip: NICEVILLE, FL 32578

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

Title: S
Name: SETTLE, BECKY
Address: 3186 SUNSET BCH DR
City-St-Zip: NICEVILLE, FL 32578

Title: T
Name: MILLER, MARK W
Address: 827 WEEDEN ISLAND DRIVE
City-St-Zip: NICEVILLE, FL 32578

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

Title: D
Name: FLOYD, JASON
Address: 19 RUBY CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: LISA R. MILLER

P

01/03/2011

Electronic Signature of Signing Officer or Director

Date