

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000857



1. Entity Name

100 ACRE WOOD WILDLIFE REHABILITATION, INC.

Principal Place of Business

99 KOHEN ROAD
BROOKSVILLE FL 34601

Mailing Address

99 KOHEN ROAD
BROOKSVILLE FL 34601



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-4137076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLER, JOHN M ESQ.
297 NORTH BROAD STREET
BROOKSVILLE FL 34601

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 the filer (complete)

(NOTE: Registered Agent signature required when re-designing)

DATE

FILE NOW: 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

TITLE PSTD ☐ Delete
NAME CHRISTIAN, LINDA
STREET ADDRESS 99 KOHEN ROAD
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE VPD ☐ Delete
NAME BACKUS, DEBORAH
STREET ADDRESS 25020 MAE HIGHT ROAD
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE D ☐ Delete
NAME CHRISTIAN, LEANNE
STREET ADDRESS 99 KOHEN ROAD
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U000000797257
STREET ADDRESS 01/29/08-80066-011 61.25
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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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 Section 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

W. Sch

23 January 2008