

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005585

FILED
Jan 16, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA WILDLIFE CENTER INC.

Current Principal Place of Business:

12811 ORANGE GROVE BLVD
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

2005 NW 392ND STREET
OKEECHOBEE, FL 34972 US

Current Mailing Address:

2005 NW 392ND ST
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 20-4931313 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EBENHACK, AMANDA J
2005 NW 392ND ST
OKEECHOBEE, FL 34972 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: P () Delete
Name: EBENHACK, AMANDA J
Address: 2005 NW 392ND STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: P () Delete
Name: EBENHACK, JAMES R
Address: 2005 NW 392ND STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP () Delete
Name: SCHLITZ, MARY
Address: 16418 HOLLOW TREE LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: MCDONALD, LINDA
Address: 406 STONEWOOD DR
City-St-Zip: EUGENE, OR 97405

Title: S () Delete
Name: NERI, PATRICE A
Address: 12811 ORANGE GROVE BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: AMANDA EBENHACK

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date