## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005585

FILED Jan 14, 2012 Secretary of State

Entity Name: CENTRAL FLORIDA WILDLIFE CENTER INC.

US

Current Principal Place of Business: New Principal Place of Business:

2005 NW 392ND STREET OKEECHOBEE, FL 34972

Current Mailing Address: New Mailing Address:

2005 NW 392ND ST

OKEECHOBEE, FL 34972 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EBENHACK, AMANDA J 2005 NW 392ND ST

OKEECHOBEE, FL 34972 US

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: F

Name: EBENHACK, AMANDA J Address: 2005 NW 392ND STREET City-St-Zip: OKEECHOBEE, FL 34972

Title: F

Name: EBENHACK, JAMES R Address: 2005 NW 392ND STREET City-St-Zip: OKEECHOBEE, FL 34972

Title: VP

Name: SCHLITZ, MARY

Address: 16418 HOLLOW TREE LANE City-St-Zip: LOXAHATCHEE, FL 33470

Title: T

Name: MCDONALD, LINDA Address: 406 STONEWOOD DR City-St-Zip: EUGENE, OR 97405

Title: S

 Name:
 OWENS, ALANA A

 Address:
 122 COUNTRYSDE DRIVE

 City-St-Zip:
 LONGWOOD, FL 32779

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: AMANDA EBENHACK PS 01/14/2012