

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006062

FILED
May 16, 2009
Secretary of State

Entity Name: LITTLE CRITTERS WILDLIFE REHABILITATION CENTER, INC.

Current Principal Place of Business:

2409 HOMESTRETCH AVE
LORIDA, FL 33857

New Principal Place of Business:

Current Mailing Address:
2409 HOMESTRETCH AVE
LORIDA, FL 33857

New Mailing Address:

FEI Number: 20-4988385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DOSIL, TERI
2409 HOMESTRETCH AVE
LORIDA, FL 33857 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: P/D () Delete
Name: DOSIL, TERI
Address: 2409 HOMESTRETCH AVE
City-St-Zip: LORIDA, FL 33857

Title: VP () Delete
Name: DOSIL, JOSE
Address: 2409 HOMESTRETCH AVE
City-St-Zip: LORIDA, FL 33857

Title: SEC () Delete
Name: BRACEWELL, ELLEN
Address: 2316 GEM STONE AVE
City-St-Zip: LORIDA, FL 33857

Title: TREA () Delete
Name: HARTZOG, BARBARA
Address: 2408 HOMESTRETCH AVE
City-St-Zip: LORIDA, FL 33857

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:

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: TERI DOSIL

P/D

05/16/2009

Electronic Signature of Signing Officer or Director

Date