

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009764

FILED
Jan 06, 2007
Secretary of State

Entity Name: TWO FEATHERS WILDLIFE CENTER, INC.

Current Principal Place of Business:

27701 73RD AVENUE EAST
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

27701 73RD AVENUE EAST
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 02-0785586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEGEL, VIRGINIA J
27701 73RD AVENUE EAST
MYAKKA CITY, FL 34251 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 () Delete
Name: RIEGEL, GINGER
Address: 27701 73RD AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: RIEGEL, ROBERT
Address: 27701 73RD AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: POWELL, CHRISTY
Address: 27701 73RD AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: POWELL, CHRISTY
Address: 615 E.PARK STREET
City-St-Zip: LAKELAND, FL 33803

Title: D () Change (X) Addition
Name: RIEGEL, BRIAN
Address: 5491 GROBE STREET
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: VIRGINIA RIEGEL

D

01/06/2007

Electronic Signature of Signing Officer or Director

Date