

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004596

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** FLORIDA WILDLIFE RESCUE SERVICE, INC.

**Current Principal Place of Business:**

2995 US HWY 441 SE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

2995 US HWY 441 SE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 56-2661786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLTON, GLENNA  
2995 US HWY 441 SE  
OKEECHOBEE, FL 34974 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: DP ( ) Delete  
Name: BOLTON, GLENNA  
Address: 2995 US HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DV ( ) Delete  
Name: CHRISTMAS, JESSE  
Address: 2995 US HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DS ( ) Delete  
Name: ALMOND, TERESA  
Address: 5286 SE 43 AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: BOWERS, WADE  
Address: 304 SW 87TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: WILLIAMS, BOBBY  
Address: 3231 SE 30TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34874

**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: GLENNA L. BOLTON

DP

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date