2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N07000007224

Entity Name: STEARNS ZOOLOGICAL RESCUE & REHAB CENTER INC

Current Principal Place of Business:

36909 BLANTON RD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

36909 BLANTON RD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEARNS, KATHRYN P
36909 BLANTON RD
DADE CITY, FL 33523 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, S ( ) Delete
Name: STEARNS, KATHRYN P
Address: 36909 BLANTON RD
City-St-Zip: DADE CITY, FL 33523

Title: VP, ( ) Delete
Name: TRUAX, KRISTY D
Address: 37219 CHURCH AVE
City-St-Zip: DADE CITY, FL 33525

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, S (X) Change ( ) Addition
Name: STEARNS, KATHRYN P
Address: 36909 BLANTON RD
City-St-Zip: DADE CITY, FL 33523

Title: D,VP (X) Change ( ) Addition
Name: TRUAX, KRISTY D
Address: 37219 CHURCH AVE
City-St-Zip: DADE CITY, FL 33525

Title: D,P ( ) Change (X) Addition
Name: STEARNS, RANDALL E
Address: 37237 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

Title: DIR ( ) Change (X) Addition
Name: VALBUENA, GINI
Address: 3036 LAKE VISTA DR
City-St-Zip: CLEARWATER, FL 33758

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: KATHRYN P STEARNS DIR 01/04/2008
Electronic Signature of Signing Officer or Director — Date