

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001076

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** COON HILL WILDLIFE REHAB CENTER CORP.

**Current Principal Place of Business:**

4359 HIGHWAY 79  
VERNON, FL 32462

**New Principal Place of Business:**

**Current Mailing Address:**

4359 HIGHWAY 79  
VERNON, FL 32462

**New Mailing Address:**

**FEI Number:** 27-4749392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JOHNSON, RUSSELL  
4359 HIGHWAY 79  
VERNON, FL 32462      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:** PD  
**Name:** JOHNSON, RUSSELL  
**Address:** 4359 HIGHWAY 79  
**City-St-Zip:** VERNON, FL 32462

**Title:** STD  
**Name:** JOHNSON, SARA  
**Address:** 4359 HIGHWAY 79  
**City-St-Zip:** VERNON, FL 32462

**Title:** D  
**Name:** MEEKS, JUDY  
**Address:** 470 HANKIN RD  
**City-St-Zip:** BARTOW, FL 33830

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:** RUSSELL JOHNSON

PD

01/27/2012

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

\_\_\_\_\_  
Date