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FILED
Mar 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19576 (0)

1. Corporation Name

AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3786
SARASOTA FL 34230

P.O. BOX 3786
SARASOTA FL 34230

3. Date Incorporated or Qualified

03/06/1987

4. FEI Number

59-2766635

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINNESS, W. LEE
720 S. ORANGE AVE.
SARASOTA FL 34238

81 Name SILBERSTEIN, DAVID M.

82 Street Address (P.O. Box Number is Not Acceptable)

720 S. ORANGE AVENUE

83

84 City SARASOTA

FL

85 Zip Code 34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DAVID M. SILBERSTEIN

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered agent signature required when (relating to)

3/17/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME PIERSON, EDWIN LEWIS
STREET ADDRESS 297 ARTISTS AVENUE
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PIERSON, RHONDA FRIDAY
STREET ADDRESS 297 ARTISTS AVENUE
CITY-ST-ZIP ENGLEWOOD FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BASS, JOHN, IV
STREET ADDRESS 1500 NEW POINT COMFORT RD
CITY-ST-ZIP ENGLEWOOD FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BOTELSON, ROGER
STREET ADDRESS 340 INDIANA AVE., NORTH
CITY-ST-ZIP ENGLEWOOD FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EDWIN LEWIS PIERSON

EDWIN LEWIS PIERSON

241-45-4585

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