


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 09, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N19576</b>		
1. Entity Name AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.		
Principal Place of Business	Mailing Address	
297 ARTISTS AVENUE ENGLEWOOD, FL 34223	297 ARTISTS AVENUE ENGLEWOOD, FL 34223	
<b>DO NOT WRITE IN THIS SPACE</b>		



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2766635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent
SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, EDWIN LEWIS 297 ARTISTS AVENUE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTELSON, ROGER A DJM 381 EDEN DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, JOHN, IV 1490 HOMESTEAD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, KERRY E 2022 PLACIDA ROAD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, RHONDA F 701 EDWARDS STREET ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000257135  
03/09/05-80042-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** E.L. Pearson, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-305  
Date

944 475 4585  
Daytime Phone #