



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 048 ****61.25

DOCUMENT # N19576			
1. Entity Name AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.			
Principal Place of Business 297 ARTISTS AVENUE ENGLEWOOD, FL 34223		Mailing Address 40 2022 Placida Rd 297 ARTISTS AVENUE ENGLEWOOD, FL 34223 Englewood FL 34224	
<i>S. McCall Rd at intersection of SR 776 Englewood FL 34223</i>		60033211	
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2766635	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 <i>Kerry E. Mack</i>		DATE <i>4/22/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERSON, EDWIN LEWIS <i>40 2022 Placida Rd.</i> 297 ARTISTS AVENUE ENGLEWOOD, FL 34223 34224 - 5204		
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 34224		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERSON, RHONDA F <i>2041 Racine Dr.</i> 701 EDWARDS STREET ENGLEWOOD, FL 34223 Sarasota, FL 34240		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		Date <i>4/22/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	