


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N19576</b> 1. Entity Name AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.	
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Principal Place of Business S. MCCALL RD INT. AT S.R. 776 ENGLEWOOD, FL 34223 US	Mailing Address C/O2022 PLACIDA ROAD ENGLEWOOD, FL 34224 US
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02272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

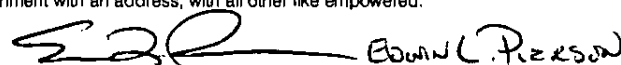
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000760372 05/25/07-80010-002 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, EDWIN LEWIS 2022 PLACIDA ROAD ENGLEWOOD, FL 342245204
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 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, RHONDA F 2041 RACINMO DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **EDWIN C. PIERSON** **4-28-07** **941-468-1573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #