

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N19576

1. Entity Name
**AMBER LAKE WILDLIFE REFUGE AND REHABILITATION
CENTER, INC.**



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**



04222008 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 ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
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

U00000923147
05/18/08-80019-004 61.25

**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 Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08
Date

364-536-2387
Daytime Phone #