

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21419

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** WREDE'S WILDLIFE REHABILITATION CENTER, INCORPORATED

**Current Principal Place of Business:**

4820 WILDERNESS TRAIL  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

4820 WILDERNESS TRAIL  
SEBRING, FL 33875

**New Mailing Address:**

**FEI Number:** 59-2836736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WREDE, KAREN R PRES.  
4820 WILDERNESS TRAIL  
SEBRING, FL 33875 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: WREDE, DAVID,  
Address: 4820 WILDERNESS TRAIL  
City-St-Zip: SEBRING, FL 33875

Title: PD ( ) Delete  
Name: WREDE, KAREN,  
Address: 4820 WILDERNESS TRAIL  
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete  
Name: SAUNDERS, JEFF,  
Address: 1166 S HICKORY TRAIL  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: ANDERSON, WENDELL  
Address: 105 NOTRE DAME  
City-St-Zip: LAKE PLACID, FL

Title: D ( ) Delete  
Name: BROWN, STEPHEN C  
Address: 2425 COUNTRY CLUB RD  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOREM, HELEN  
Address: 216 POLK ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WREDE

STD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date