2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

DOCUMENT# N21419

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
Name: WREDE, DAVID
Address: 4820 WILDERNESS TRAIL
City-St-Zip: SEBRING, FL 33875

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

Title: D
Name: BOREM, HELEN
Address: 216 POLK ST
City-St-Zip: LAKE PLACID, FL 33852

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID P WREDE STD 01/25/2011

Electronic Signature of Signing Officer or Director — Date