

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23515

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLORIDA KEYS WILD BIRD REHABILITATION CENTER, INC.

Current Principal Place of Business:

93600 OVERSEAS HWY.
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

93600 OVERSEAS HWY.
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 65-0020988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, LAURA B D
93600 OVERSEAS HWY
TAVERNIER, FL 33070 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: D () Delete
Name: QUINN, LAURA B D
Address: 93600 OVERSEAS HWY
City-St-Zip: TAVERNIER, FL 33070 US

Title: S (X) Delete
Name: HORN, BRUCE B S
Address: 133 EAST RIDGE ROAD
City-St-Zip: ISLAMORADA, FL 33036 MO

Title: P () Delete
Name: QUINN, LAURA B P
Address: 93600 OVERSEAS HWY.
City-St-Zip: TAVERNIER, FL 33036 US

Title: T () Delete
Name: TIMBERLAKE, TERRY T
Address: 16522 91ST PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LAURA B QUINN

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date