

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 03, 2010
Secretary of State

DOCUMENT# N23515

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 US**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
93600 OVERSEAS HWY
TAVERNIER, FL 33070 US**Name and Address of New Registered Agent:**STUART, JOHN A JR.
152 OCEAN DR.
TAVERNIER, FL 33070 US

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: JOHN A. STUART JR.

09/03/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: T
Name: GINTEL, ROBERT M
Address: 05 BAY RIDGE RD.
City-St-Zip: KEY LARGO, FL 33037 US

Title: P
Name: STUART, JOHN A JR
Address: 152 OCEAN DR.
City-St-Zip: TAVERNIER, FL 33070 US

Title: D
Name: WIDENER, TRACY
Address: 105 SAPODILLA DR
City-St-Zip: ISLAMORADA, FL 33070 US

Title: SEC
Name: SCHOLZ, JOAN C
Address: 122 PELICAN RD.
City-St-Zip: TAVERNIER, FL 33037 US

Title: D
Name: YAGEL, RUSSELL
Address: 90130 OVERSEAS HWY
City-St-Zip: TAVERNIER, FL 33070 US

Title: D
Name: GINSBERG, DEBRA
Address: 30 THATCH PALM WAY
City-St-Zip: KEY LARGO, FL 33037

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: JOHN A. STUART JR.

PRES

09/03/2010

Electronic Signature of Signing Officer or Director_____
Date