


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N24268
 1. Entity Name
WILDLIFE RESCUE SERVICE OF FLORIDA, INC.



Principal Place of Business Mailing Address
 2402 52ND AVENUE DR. W. P.O. BOX 10475
 BRADENTON, FL 34207 US BRADENTON, FL 34282 US

DO NOT WRITE IN THIS SPACE



06202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0023424	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, LAWRENCE R.
 2402 52ND AVENUE DR. W.
 BRADENTON, FL 34207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by September 8, 2004

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	DMC SMITH, LAWRENCE R. 2402 52ND AVENUE DR. W. BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, ELLIE T. 2402 52ND AVENUE DR. W. BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WHIPKEY, KATHERINE 2104 19TH AVENUE WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS DOUGHTY, TRACY 7309 ALDERWOOD DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MICHAEL T 2402 52ND AVENUE DR. W. BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 06/28/04-80001-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lawrence R. Smith **LAURENCE R SMITH** 6/01/04 941-50-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #