

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2007**  
**Secretary of State**

DOCUMENT# N24268

Entity Name: WILDLIFE RESCUE SERVICE OF FLORIDA, INC.

**Current Principal Place of Business:**

106 MOLOKAI DRIVE  
BRADENTON, FL 34207 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10475  
BRADENTON, FL 34282 US

**New Mailing Address:**

FEI Number: 65-0023424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SMITH, LAURENCE R.  
106 MOLOKAI DRIVE.  
BRADENTON, FL 34207 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: DMC ( ) Delete  
Name: SMITH, LAURENCE R.  
Address: 106 MOLOKAI DRIVE  
City-St-Zip: BRADENTON, FL 34207 US

Title: DP ( ) Delete  
Name: SMITH, ELLIE T.,  
Address: 106 MOLOKAI DRIVE  
City-St-Zip: BRADENTON, FL 34207 US

Title: DV ( ) Delete  
Name: WHIPKEY, KATHERINE  
Address: 2104 19TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34205 US

Title: TS ( ) Delete  
Name: DOUGHTY, TRACY  
Address: 7309 ALDERWOOD DR  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: SMITH, MICHAEL T  
Address: 106 MOLOKAI DR.  
City-St-Zip: BRADENTON, FL 34207 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:

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: LAURENCE R. SMITH

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

DMC

09/02/2007

\_\_\_\_\_  
Date