2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N25010

Entity Name: THE HUMANE ASSOCIATION OF WILDLIFE CARE AND EDUCATION, INC.

Current Principal Place of Business:

C/O SAMUEL STAGE
5285 ST AMBROSE CHURCH ROAD
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

C/O SAMUEL STAGE
5285 ST AMBROSE CHURCH ROAD
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-2930837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STAGE, SAMUEL
5285 ST AMBROSE CHURCH ROAD
ELKTON, FL 32033 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:	PD	( ) Delete
Name:	STAGE, MELANIE CAIN,	
Address:	5285 ST AMBROSE CHURCH	
City-St-Zip:	ELKTON, FL 32033	
Title:	O	( ) Delete
Name:	STAGE, SAMUEL,	
Address:	5285 ST AMBROSE CHURCH	
City-St-Zip:	ELKTON, FL 32033	
Title:	O	( ) Delete
Name:	HUNSWORTH, MARION	
Address:	940 LEW BLVD	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	STW	( ) Delete
Name:	HOPKINS, KATHERINE	
Address:	5575 DON MANUEL RD	
City-St-Zip:	ELKTON, FL 32033	
Title:	TD	( ) Delete
Name:	KIRKLAND, ROBERTA	
Address:	1875 CR 13-A	
City-St-Zip:	ELKTON, FL 32033	
Title:	VP	( ) Delete
Name:	WEISS, PATTY	
Address:	1875 CR 135	
City-St-Zip:	ELKTON, FL 32033	

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:	
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: SAMUEL STAGE O 02/08/2009
Electronic Signature of Signing Officer or Director — Date