2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State
04-05-2007 90148 034 ****61.25

DOCUMENT # N29251

1. Entity Name

FLORIDA WILDLIFE REHABILITATORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1449 ANNA MARIA FL 34216 US	C/O EILEEN OLEJARSKI 262 MARION ST INDIAN HARBOUR BEACH FL 32937

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4560 N. Hwy AIA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Melbourne, FL
City & State	City & State
Zip / Country	Zip 32935 / Country USA

4. FEI Number 65-0163273 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLEJARSKI, EILEEN ~~262 MARION STREET~~ ~~INDIAN HARBOUR BEACH FL 32937~~	Name Street Address (P.O. Box Number is Not Acceptable) 1051 Bali Road City Cocoa Beach FL Zip Code 32931

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HIRSCHFIELD, BETH DVM 3280 N. 37TH ST HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Leslie Jonsson 2735 Nela Ave Orlando, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMALL, SUE 413 THRUSH DR SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P DAN MANTINELLI 8438 SW 48 Ave Palm City, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORKE, CAROL 351 W. LESTER RD APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MARGERET BECK 830 Watt Dr Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ANDERSON, DEB 9720 146 AVE FELLSMERE FL 32948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Wendy Fox 890 NE 85th St Miami, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLESARSKI, EILEEN 262 MARION ST SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLYNT, DIANNA 211 JERGO RD WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Eileen Olejarski Treasurer FWRA 3/24/07 321 508-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #