

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90034 015 ****61.25

DOCUMENT # N29251

1. Entity Name
FLORIDA WILDLIFE REHABILITATORS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 1449
ANNA MARIA, FL 34216 US**

Mailing Address
**4560 N. HWY A1A
MELBOURNE, FL 32935**

40063136



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1834 Sun-Gazer Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052008 Chg-NP CR2E037 (12/06)

City & State

City & State
Rockledge, FL

4. FEI Number
65-0163273

Applied For
Not Applicable

Zip

Country

Zip

Country

32955

USA

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
1051 BALI ROAD
COCOA BEACH, FL 32931
1834 Sun-Gazer Dr.
Rockledge, FL 32955

Name
Eileen Olejarski
Street Address (P.O. Box Number is Not Acceptable)
1834 Sun-Gazer Dr

City
Rockledge **FL** Zip Code
32955

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

Filing Fee is \$61.25
Due by May 1, 2008

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
T
OLEJARSKI, EILEEN
1834 SUN-GAZER DR
ROCKLEDGE, FL 32955 ☒ 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
D
JOHNSON, LESLIE
2735 NELA AVE
ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANTINELLI, DAN
8438 SW 48TH AVE
PALM CITY, FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B
BECK, MARGERET
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
D
FOX, WENDY
890 NE 85TH ST
MIAMI, FL 33138 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OLEJARSKI, 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #