

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29251

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA WILDLIFE REHABILITATORS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1449
ANNA MARIA, FL 34216 US

New Principal Place of Business:

C/O EILEEN OLEJARSKI
1834 SUN-GAZER DR
ROCKLEDGE, FL 32955 US

Current Mailing Address:

1834 SUN GAZER DR
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 65-0163273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLEJARSKI, EILEEN
1834 SUN GUTER DR
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

OLEJARSKI, EILEEN
1834 SUN GAZER DR
ROCKLEDGE, FL 32955 US

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: _____

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: OLEJARSKI, EILEEN
Address: 1834 SUN-GAZER DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SMALL, SUE
Address: 413 THRUSH DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: MARTINELLI, DAN
Address: 8438 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: ANDERSON, DEB
Address: 9720 146 AVE
City-St-Zip: FELLSMERE, FL 32948

Title: T () Delete
Name: OLESARSKI, EILEEN
Address: 262 MARION ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: FLYNT, DIANNA
Address: 211 JERGO RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTINELLI, DAN
Address: 8438 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOX, WENDY
Address: 890 NE 85TH STREET
City-St-Zip: MIAMI, FL 33138

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: EILEEN OLEJARSKI

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date