

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29251

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** FLORIDA WILDLIFE REHABILITATORS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 GAZER DR  
ROCKLEDGE, FL 32955 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: T  
Name: OLEJARSKI, EILEEN  
Address: 1834 SUN-GAZER DR.  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EILEEN OLEJARSKI

T

02/17/2010

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

\_\_\_\_\_  
Date