2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# N29251

Entity Name: FLORIDA WILDLIFE REHABILITATORS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUE SMALL
4560 NORTH U S HIGHWAY 1
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

C/O SUE SMALL
4560 NORTH U S HIGHWAY 1
MELBOURNE, FL 32935 US

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:

SMALL, SUE
4560 NORTH U S HIGHWAY 1
MELBOURNE, FL 32935 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: SMALL, SUE
Address: 4560 NORTH U S HIGHWAY 1
City-St-Zip: MELBOURNE, FL 32935 US

Title: S
Name: KAUFMANN, DOROTHY
Address: 105 NORTH S STREET
City-St-Zip: PENSACOLA, FL 32505 US

Title: D
Name: JOHNSON, LESLIE
Address: 2735 NELA AVE
City-St-Zip: ORLANDO, FL 32809 US

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

Title: P
Name: HIRSCHFELD, BETH DVM
Address: 3280 NORTH 37TH ST
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D
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: SUE SMALL T 04/25/2012

Electronic Signature of Signing Officer or Director Date