

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40946

FILED
Mar 24, 2009
Secretary of State

Entity Name: OPERATION WILD LIFE SURVIVAL, INC.

Current Principal Place of Business:

636 BEARD ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

636 BEARD ST.
TALLAHASSEE, FL 32303

New Mailing Address:

636 BEARD ST.
TALLAHASSEE, FL 32303 US

FEI Number: 65-0233640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, KENNETH M.
800 BRICKELL AVE
STE 1100
MIAMI, FL 33131 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: DPT () Delete
Name: FLEITMAN, JANE,
Address: 636 BEARD ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV () Delete
Name: FLEITMAN, PETER,
Address: 3909 RESERVE DR. #818
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: BLOOM, KENNETH M.,
Address: 1110 BRICKELL AVE. 7TH FL
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: BECK, MARGARET
Address: 830 WATTS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: FLEITMAN, PETER,
Address: 4501 SHANNON LAKES DR. WEST
City-St-Zip: TALLAHASSEE, FL 32309

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

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: JANE FLEITMAN

DPT

03/24/2009

Electronic Signature of Signing Officer or Director

Date