

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40946

**FILED**  
**Jan 17, 2011**  
**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 US

**New Mailing Address:**

**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:**

BLOOM, KENNETH M.  
1100 BRICKELL AVE  
STE 700  
MIAMI, FL 33131 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:

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: FLEITMAN, JANE  
Address: 636 BEARD ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP  
Name: FLEITMAN, PETER  
Address: 4501 SHANNON LAKES DR. WEST  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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: JANE FLEITMAN

DIR

01/17/2011

Electronic Signature of Signing Officer or Director

Date