FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 26, 1996 08:00 AM
Secretary of State

DOCUMENT # N41464 (1)

1. Corporation Name

EVERGLADES WILDLIFE SANCTUARY AND REHABILITATION CENTER, INC.

Principal Place of Business: 4799 BASS CREEK RD, MIRAMAR FL 33027

Mailing Address: P.O. BOX 201, DANIA FL 33004, US

3. Date Incorporated or Qualified: 12/18/1990
3a. Date of Last Report: 01/30/1995
4. FEI Number: 65-0227487 — Applied For / Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 14799 Bass Creek Rd.
Suite, Apt. #, etc.
22
City & State
23 MIRAMAR FL
Zip
24 33027
Country
25 Broward

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

KOCHINSKY, LYLE DR
5973 SW 32 TERR.
FT LAUDERDALE FL 33312

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KOCHINSKY, DR. LYLE	
STREET ADDRESS	5973 SW 32 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	☐ DELETE
NAME	BATE, DR. DORIS	
STREET ADDRESS	4013 N. OCEAN DR.	
CITY-ST-ZIP	LAUD BY THE SEA FL	
TITLE	D	☐ DELETE
NAME	BREEE, MAE DR.	
STREET ADDRESS	901 COLONY POINT CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33314	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Kochinsky, Dr. Lyle	☑ Change ☐ Addition
1.2 NAME	14799 Bass Creek Rd.	
1.3 STREET ADDRESS	MIRAMAR, Fl 33027	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lyle Kochinsky, Dir. 1/25/96 954/431-5090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #