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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N41464 (1)

1. Corporation Name

EVERGLADES WILDLIFE SANCTUARY AND REHABILITATION
CENTER, INC.

Principal Place of Business

14799 BASS CREEK RD.
MIRAMAR FL 33027
US

Mailing Address

P.O. BOX 201
DANIA FL 33004-0201
US

3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

DR Lyle Kochinsky

82 Street Address (P.O. Box Number is Not Acceptable)

14799 Bass Creek Rd.

83

84 City

MIRAMAR

FL

85 Zip Code

33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCHINSKY, DR. LYLE	
STREET ADDRESS	14799 BASS CREEK RD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATE, DR. DORIS	
STREET ADDRESS	4013 N. OCEAN DR.	
CITY-ST-ZIP	LAUD BY THE SEA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BREEE, MAE DR.	
STREET ADDRESS	901 COLONY POINT CIRCLE	
CITY-ST-ZIP	PEMBROKE PINES FL 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Andrew H. Fletcher
2.4 CITY-ST-ZIP	621 SW 4th St. Ft. Lauderdale, FL 33009
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Kimberly Penn
3.4 CITY-ST-ZIP	14799 Bass Creek Rd. MIRAMAR, FL 33027
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lyle Kochinsky Lyle Kochinsky 1/12/97 954/431-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022407

CR2E037 (9/96)