


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90025 017 \*\*\*\*\*70.00

<b>DOCUMENT # N41464</b>	
1. Entity Name <b>EVERGLADES WILDLIFE SANCTUARY AND REHABILITATION CENTER, INC.</b>	

Principal Place of Business <b>745 F ROAD LABELLE FL 33935 US</b>	Mailing Address <b>P.O. BOX 2326 LABELLE FL 33975 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>KOCHINSKY, LYLE DR 745 F RD. LABELLE FL 33935</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FED KOCHINSKY, LYLE DR 745 F RD. LABELLE FL 33935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, ANDREW H. 621 SW 4TH ST HALLANDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CAROLYN 745 F RD. LABELLE FL 33935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fletcher, Andrew H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 7905 Cloudfield Cir. Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, Carolyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 850 A G Road Labelle, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DR Lyle Kochinsky *DR* *2-55* *863-675-4512*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #