

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41470

FILED
Apr 28, 2009
Secretary of State

Entity Name: WILD DOLPHIN PROJECT, INC.

Current Principal Place of Business:

612 N ORANGE AVE
A-12
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

612 N ORANGE AVE
A-12
JUPITER, FL 33458 US

New Mailing Address:

P.O. BOX 8436
JUPITER, FL 33468 US

FEI Number: 65-0264660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERZING, DENISE L.
751 OCEAN DR
#6
JUNO BEACH, FL 33408 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: D () Delete
Name: KIMMEL, IVI
Address: 9120 W BAY HARBOR DR 1A
City-St-Zip: MIAMI BEACH, FL 33154

Title: VP () Delete
Name: EARHART, ANNE
Address: 105 CRESCENT BAY #M
City-St-Zip: LAGUNA BCH, CA

Title: S () Delete
Name: CASTELL, LINDA DVM
Address: 3080 COLONY MOUNTAIN LANE
City-St-Zip: BOW, WA 98232

Title: CD () Delete
Name: TRAUGHBER, CHRIS
Address: PO BOX 6009
City-St-Zip: SAN PEDRO, CA 90734

Title: T () Delete
Name: HERZING, DENISE
Address: 751 OCEAN DR #6
City-St-Zip: JUNO BEACH, FL 33408

Title: P () Delete
Name: PETZOLD, RUTH
Address: 11042 TURTLE BEACH RD D104
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: KIMMEL, IVI
Address: 9120 W BAY HARBOR DR 1A
City-St-Zip: MIAMI BEACH, FL 33154

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

Title: CD (X) Change () Addition
Name: CASTELL, LINDA DVM
Address: 3080 COLONY MOUNTAIN LANE
City-St-Zip: BOW, WA 98232

Title: D (X) Change () Addition
Name: MADER, DON
Address: 106 ABBIE COURT
City-St-Zip: STUART, FL 34996

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: DENISE L. HERZING

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date