

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41573

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** HARTLIEF FARMS WILDLIFE REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1677 RIVEREDGE RD  
OVIEDO, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

1677 RIVEREDGE RD  
OVIEDO, FL 32766

**New Mailing Address:**

**FEI Number:** 59-3053407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARTLIEF, JOAN  
1677 RIVEREDGE RD  
OVIEDO, FL 32766 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: PCM ( ) Delete  
Name: HARTLIEF, JOAN,  
Address: 1840 MEGANSER WAY  
City-St-Zip: GENEVA, FL

Title: VD ( ) Delete  
Name: HARTLIEF, KYLE B,  
Address: P O BOX 565  
City-St-Zip: GENEVA, FL 32732

Title: VTD ( ) Delete  
Name: TANNER, LISA L  
Address: 2963 LOWERY DRIVE  
City-St-Zip: OVIEDO, FL

Title: VSD ( ) Delete  
Name: KING, MICHAEL  
Address: 10137 WINDING CREEK LANE  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCM (X) Change ( ) Addition  
Name: HARTLIEF, JOAN,  
Address: 1677 RIVEREDGE RD,  
City-St-Zip: GENEVA, FL 32766 US

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

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

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

Title: VSD ( ) Change (X) Addition  
Name: FARRELL, RICHARD  
Address: 8305 KINGSDALE ST  
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOAN E. HARTLIEF

PCM

07/02/2004

Electronic Signature of Signing Officer or Director

Date