2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N41573

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: 1677 RIVEREDGE RD,
City-St-Zip: GENEVA, FL 32766 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 VTD 04/25/2005

Electronic Signature of Signing Officer or Director — Date