2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41573

FILED Mar 16, 2007 Secretary of State

Entity Name: HARTLIEF FARMS WILDLIFE REHABILITATION CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 115A RUSH RUNRD NEW MILTON, WV 26411 **Current Mailing Address: New Mailing Address:** 2950 PINE KNOB LANE RT 1 BOX 115A NEW MILTON, FL 26411 GENEVA, FL 32732 FEI Number: 59-3053407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTLIEF, JOAN E HARTLIEF, JOAN E 2950 PINE KNOB LANE 2021 DUTĆHESS LANE US GENEVA, FL 32732 WINTER PARK, FL 32792 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: 03/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Delete () Change () Addition HARTLIEF, JOAN E Name: Name: RT 1 BOX 115A RUSH RUN ROAD\ Address: Address: City-St-Zip: NEW MILTON, WV 26411 US City-St-Zip: Title: () Delete Title: () Change () Addition FARRELL, RICHARD Name: Name: Address: RT 1 BOX 115A RUSH RUN ROAD Address: City-St-Zip: NEW MILTON, WV 26411 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition HARTLIEF, KYLE B HARTLIEF, KYLE B Name: Name: Address: BOX 565 Address: **BOX 565** City-St-Zip: GENEVA, FL 32732 City-St-Zip: GENEVA, FL 26411 Title: () Delete Title: (X) Change () Addition Name: HARTLIEF, ANNA Name: HARTLIEF, ANNA 1470 SUNSHADOW DRIVE APT. 202 1470 SUNSHADOW DRIVE APT. 202 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 26411 Title: () Delete Title: SD (X) Change () Addition DEMOREST, ALICE L HARTLIEF, RYAN S Name: Name: 2950 PINE KNOB LANE 2021 DUTCHESS LANE Address: Address: City-St-Zip: GENEVA, FL 32732 City-St-Zip: WINTER PARK, FL 26411 Title: () Delete Title: (X) Change () Addition HARTLIEF, AMY F HARTLIEF, AMY F Name: Name: Address: **BOX 565** Address: **BOX 565**

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

GENEVA, FL 26411

SIGNATURE: JOAN E. HARTLIEF PCD 03/16/2007

GENEVA, FL 32732

City-St-Zip: