

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49364

FILED
Jan 04, 2007
Secretary of State

Entity Name: WILDLIFE REHABILITATION CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

21117 REINDEER RD
CHRISTMAS, FL 327099124

New Principal Place of Business:

Current Mailing Address:

21117 REINDEER RD
CHRISTMAS, FL 327099124

New Mailing Address:

FEI Number: 59-3130779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEE, CAROL
21117 REINDEER RD
CHRISTMAS, FL 327099124 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: CD () Delete
Name: HARDEE, CAROL K
Address: 21117 REINDEER ROAD
City-St-Zip: CHRISTMAS, FL 32709

Title: VCD () Delete
Name: FISHMAN-LEON, JANE DR.
Address: 5602 CRAINDALE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: JOHNSON, LESLIE
Address: 2735 NELA AVE
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: MADSON, TORBEN P.A.
Address: 2625 NELA AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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 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: CAROL HARDEE

CD

01/04/2007

Electronic Signature of Signing Officer or Director

Date