2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N49364

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: CD (X) Change ( ) Addition
Name: HARDEE, RON
Address: 21117 REINDEER ROAD
City-St-Zip: CHRISTMAS, FL 32709

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 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: RON HARDEE CD 03/25/2008

Electronic Signature of Signing Officer or Director — Date