

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49364

FILED
Mar 04, 2012
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
Name: FISHMAN, JANE
Address: 5602 CRAINDALE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VCD
Name: METCALF, JOHN
Address: 2677 KERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: SD
Name: BECKETT, TERRI
Address: 8701 WHITE IBIS COURT
City-St-Zip: ORLANDO, FL 32836

Title: TD
Name: GRADY, LORI
Address: 1200 NORTH SAVANNAH CIRCLE EAST
City-St-Zip: BAY LAKE, FL 32830

I hereby 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 all other like empowered.

SIGNATURE: CAROL HARDEE

RA

03/04/2012

Electronic Signature of Signing Officer or Director

Date