

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51254

FILED
Apr 16, 2004
Secretary of State

Entity Name: RASCALS WILDLIFE CARE NETWORK, INC.

Current Principal Place of Business:

5120 SW 114 WAY
FT LAUDERDALE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

5120 SW 114 WAY
FT LAUDERDALE, FL 33330 US

New Mailing Address:

FEI Number: 65-0379388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUX, BRENDA
5704 HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023 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: TM () Delete
Name: MARTIN, BEATRICE
Address: 5120 SW 114 WAY
City-St-Zip: FT. LAUDERDALE, FL

Title: PD () Delete
Name: CHANDLER, DEBRA
Address: 11750 SW 22ND CT
City-St-Zip: DAVIE, FL 33325

Title: VD () Delete
Name: BROJEIN, VESNA
Address: 1701 SW 12 AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD () Delete
Name: GONZALEZ, SHANNON
Address: 2492 CENTERGATE DR #202
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: SMITH, ANDREA
Address: 9040 NW 45 CT
City-St-Zip: SUNRISE, FL 33351

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:

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: BEATRICE MARTIN

TM

04/16/2004

Electronic Signature of Signing Officer or Director

Date