

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51254

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** RASCALS WILDLIFE CARE NETWORK, INC.

**Current Principal Place of Business:**

5120 SW 114 WAY  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

5120 SW 114 WAY  
DAVIE, FL 33330 US

**New Mailing Address:**

5120 SW 114 WAY  
DAVIE, FL 33330 BR

**FEI Number:** 65-0379388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANDLER, BARRY DR.  
1613 N HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 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:** TDP  
**Name:** MARTIN, BEATRICE  
**Address:** 5120 SW 114 WAY  
**City-St-Zip:** DAVIE, FL 33330

**Title:** D  
**Name:** CHANDLER, BARRY  
**Address:** 11750 SW 22ND CT  
**City-St-Zip:** DAVIE, FL 33325

**Title:** VD  
**Name:** HOFFMAN, ROBIN  
**Address:** 5270 SW 21ST ST  
**City-St-Zip:** PLANTATION, FL 33317

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

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:** BEATRICE J MARTIN

PTD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date