

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001329

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA WILDLIFE CARE, INC.

Current Principal Place of Business:

3400 SE 15ST
GAINESVILLE, FL 32641

New Principal Place of Business:

3400 SE 15ST
GAINESVILLE, FL 326411405

Current Mailing Address:

3400 SE 15ST
GAINESVILLE, FL 32641

New Mailing Address:

3400 SE 15ST
GAINESVILLE, FL 326411405

FEI Number: 59-3178292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUB, LESLIE
2284 NW 34TH PL
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

STRAUB, LESLIE E DIR
2284 NW 34TH PL
GAINESVILLE, FL 32605 US

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: LESLIE E. STRAUB

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: STRAUB, LESLIE
Address: 2284 NW 34TH PL
City-St-Zip: GAINESVILLE, FL

Title: VD () Delete
Name: SKIMMING, KAREN
Address: 2010 SW 102 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: PTD () Delete
Name: HAYES, PEARSE
Address: 5733 SW 75TH ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SKIMMING, KAREN
Address: 6320 NW 120 AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VTD (X) Change () Addition
Name: HAYES, PEARSE
Address: 5733 SW 75TH ST
City-St-Zip: GAINESVILLE, FL 32608

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: LESLIE E STRAUB

DIR

04/20/2009

Electronic Signature of Signing Officer or Director

Date