

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001549

FILED
Mar 21, 2009
Secretary of State

Entity Name: HAVEN FOR INJURED AND ORPHANED WILDLIFE INC.

Current Principal Place of Business:

610 BIRCH BOULEVARD
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

610 BIRCH BOULEVARD
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3182242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISNER, MARY J
610 BIRCH BOULEVARD
ALTAMONTE SPRINGS, FL 32701 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: VTD () Delete
Name: ISNER, DALE
Address: 610 BIRCH BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: CSD () Delete
Name: ISNER, MARY J
Address: 610 BIRCH BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: ANDERSON, DEBORAH J.
Address: 200 TANGELO AVE.
City-St-Zip: FERN PARK, FL

Title: D () Delete
Name: FERGUSON, SHELLY
Address: 435 FAWN HILL PL
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: OXENHAM, SUE
Address: 309 DORNOCH CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: QUINTERO, MARIA
Address: 1193 CATHCART CIRCLE
City-St-Zip: SANFORD, FL 32771

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:

Title: D (X) Change () Addition
Name: SCHADE, DONNA
Address: 3453 SEAGRAPE DR.
City-St-Zip: WINTER PARK, FL 32792

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: MARY JANE ISNER

CSD

03/21/2009

Electronic Signature of Signing Officer or Director

Date