

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001549

FILED
Jan 12, 2012
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
Name: ISNER, DALE
Address: 610 BIRCH BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: D
Name: ANDERSON, DEBORAH J.
Address: 1686 GLEN ETHAL LN
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: ISNER, DALE W 111
Address: 1021 FOGGY BROOK PL.
City-St-Zip: LONGWOOD, FL 32750

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

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

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: MARY JANE ISNER

PRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date