

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000005013

FILED
May 25, 2012
Secretary of State

Entity Name: WILDLIFE REHABILITATION AND REFUGE CENTER, INC.

Current Principal Place of Business:

5255 SW SAVAGE ST
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

5255 SW SAVAGE ST
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 59-3206777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEATTIE, SUSAN
5255 SW SAVAGE ST
PALM CITY, FL 34990 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: SUSAN BEATTIE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: BEATTIE, SUSAN
Address: 5255 SW SAVAGE STREET
City-St-Zip: PALM CITY, FL 34990

Title: VSD
Name: BEATTIE, BILL
Address: 5255 SW SAVAGE ST
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: BETH COMPITELLO
Address: 574 SW DAIRY RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D
Name: DEBRA HARSH
Address: 1350 NE ELEANOR AVE.
City-St-Zip: JENSEN BEACH, FL 34957

Title: DVM
Name: JOEL ROSSEN
Address: 1849 SW CRANE CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

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: SUSAN BEATTIE

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05/25/2012

Electronic Signature of Signing Officer or Director

Date