

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005156

FILED
Apr 01, 2011
Secretary of State

Entity Name: SOUTHERN FLORIDA WILD LIFE REHABILITATION CENTER, INC.

Current Principal Place of Business:

19391 S.W. 336TH STREET
HOMESTEAD, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 343422
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 65-0450750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEUGEBOHRN, DIRK
19391 S.W. 336TH STREET
HOMESTEAD, FL 33034 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: PD
Name: NEUGEBOHRN, DIRK
Address: PO BOX 343422
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: VSTD
Name: NEUGEBOHRN, DIRK
Address: PO BOX 343422
City-St-Zip: FLORIDA CITY, FL 33034 US

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: DIRK NEUGEBOHRN

PD

04/01/2011

Electronic Signature of Signing Officer or Director

Date