

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90010 018 ****61.25

DOCUMENT # N94000000323

1. Entity Name

WILDLIFE RECOVERY CENTER OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

12567 61 ST. NORTH
ROYAL PALM BEACH FL 33412

12567 61 ST. NORTH
ROYAL PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0466567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRELL, DONNIE
319 CLEMATIS ST
SUITE 400
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSENBERG, ELLEN	
STREET ADDRESS	12567 61 ST. NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRONE, BARBARA	
STREET ADDRESS	12567 61 ST. NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENBERG, LILA	
STREET ADDRESS	12567 61 ST. NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, SANDY	
STREET ADDRESS	12567 61 ST. NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOORHIS, SUSAN	
STREET ADDRESS	12396 62ND LN. N	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen Rosenberg* **Ellen Rosenberg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04 **7/26/04**

Date

561-793-8025 **561-793-8025**

Daytime Phone #