

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-11-2005 90028 027 ****61.25

66004149



1st MOORE CR2E037 (10/04)

| | | | | | |
|---|---------------------------|--|--|--|--|
| DOCUMENT # N94000000323 | | | | | |
| 1. Entity Name WILDLIFE RECOVERY CENTER OF THE PALM BEACHES, INC. | | | | | |
| Principal Place of Business 12567 61 ST. NORTH ROYAL PALM BEACH FL 33412 | | | Mailing Address 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 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Certificate of Status Desired | | | | <input type="checkbox"/> \$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 | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: <u><i>Ellen Rosenberg</i></u> DATE: <u>2-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing... Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | | | | |
| 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: <u><i>Ellen Rosenberg</i></u> | | 3-7-05 561-793-8075 <small>Signature and typed or printed name of signing officer or director</small> | | | |