

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2006 08:00 AM  
Secretary of State**

**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**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000581757  
05/19/06-80027-011 61.25**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**April 29, 06 561-793-8011**