## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003326

FILED Apr 28, 2006 Secretary of State

Entity Name: CORAL SPRINGS NATURE CENTER AND WILDLIFE HOSPITAL, INC.

Current Pi	rincipal Place of Busir	New Princ	New Principal Place of Business:				
	73RD AVENUE PRINGS, FL 33065	3000 SPORTPLEX DRIVE CORAL SPRINGS, FL 33065					
Current Mailing Address:			New Maili	New Mailing Address:			
3916 N.W. 73RD AVENUE CORAL SPRINGS, FL 33065				3000 SPORTSPLEX DRIVE CORAL SPRINGS, FL 33065			
FEI Number:	65-0595837 FEI Nun	nber Applied For() FEI N	umber Not Appl	licable ( )	Certificate of S	Status Desired ( )	
Name and	Address of Current R	egistered Agent:	Name and	Address of	New Register	ed Agent:	
	AN F 73RD AVENUE PRINGS, FL 33065 L	3000 ŚPOI	KOHL, JOAN F 3000 SPORTSPLEX DRIVE CORAL SPRINGS, FL 33065 US				
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.							
SIGNATUF	RE:		04/28/2006				
	Electronic Signat	ure of Registered Agent			Date	_	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete KOHL, JOAN F 3916 N.W. 73RD AVENUE CORAL SPRINGS, FL 330		Title: Name: Address: City-St-Zip:	(	) Change ( ) Add	lition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete RICHSTONE, DAVID E 5761 NE 19TH AVENUE FORT LAUDERDALE, FL :	33308	Title: Name: Address: City-St-Zip:	(	) Change ()Add	ition	
Title: Name: Address: City-St-Zip:	D ( ) Delete DI MARE, MARCY 12167 NW 9 PL CORAL SPRINGS, FL 330	D71	Title: Name: Address: City-St-Zip:	KOHL, DON 3916 N.W. 73	K) Change()Add RD AVENUE NGS, FL 33065	lition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete BARENFELD, STEVEN 2900 NW 95 AVE CORAL SPRINGS, FL 330	065	Title: Name: Address: City-St-Zip:	(	) Change ( ) Add	lition	
Title: Name: Address: City-St-Zip:	S () Delete MOLSKI, DOTTY 10959 NW 12 DRIVE CORAL SPRINGS, FL 330	071	Title: Name: Address: City-St-Zip:	(	) Change ( ) Add	ition	
Title: Name: Address: City-St-Zip:	D ( ) Delete PETERSON, LINDA 5301 NW 49 AVE COCONUT CREEK, FL 33	3073	Title: Name: Address: City-St-Zip:	(	) Change ()Add	lition	
	-4:5. 4b -4 4b - i.s.54:	cupalied with this filing door		41		d in Obsertand40	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAN KOHL PD 04/28/2006