


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 038 \*\*\*\*61.25

<b>DOCUMENT #</b> N95000003326	
<b>1. Entity Name</b> CORAL SPRINGS NATURE CENTER AND WILDLIFE HOSPITAL, INC.	

<b>Principal Place of Business</b> 3000 SPORTPLEX DRIVE CORAL SPRINGS FL 33065	<b>Mailing Address</b> 3000 SPORTSPLEX DRIVE CORAL SPRINGS FL 33065
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 65-0595837	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  KOHL, JOAN F 3000 SPORTSPLEX DRIVE CORAL SPRINGS FL 33065
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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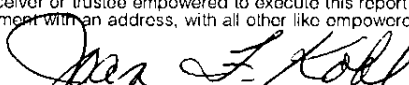
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> KOHL, JOAN F 3916 N.W. 73RD AVENUE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> RICHSTONE, DAVID E 5761 NE 19TH AVENUE FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> WARRICK, GREG 8204 NW 42 STREET CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> KOHL, DON 3916 N.W. 73RD AVENUE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> KOHL, DONALD 3916 NW 73 AVENUE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> BARENFIELD, STEVEN 2900 NW 95 AVE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> KRADMAN, LAURA 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> MOLSKI, DOTTY 10959 NW 12 DRIVE CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> MOLSKI, DOTTY 10959 NW 12 DRIVE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> PETERSON, LINDA 5301 NW 49 AVE COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **JOAN F. KOHL** 1/30/07 954-752-9453