2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 8:00 am **Secretary of State** DOCUMENT # N95000003326 01-22-2008 90053 035 ****61.25 CORAL SPRINGS NATURE CENTER AND WILDLIFE HOSPITAL, INC. Principal Place of Business Mailing Address 40006840 3000 SPORTPLEX DRIVE 3000 SPORTSPLEX DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 65-0595837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOHL, JOAN F 3000 SPORTSPLEX DRIVE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33065 City 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change Addition NAME KOHL, JOAN F NAME CANTLUPE, JOANN 3916 N.W. 73RD AVENUE STREET ADDRESS STREET ADDRESS 8026 NW 66 WAY Parkland, FL 33067 CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition WARRICK, GREG McCARTY, STEVEN NAME NAME STREET ADDRESS **8204 NW 472ND STREET** 903 NW 118 WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP CORAL SPRINGS, FL 3307/ vn TITLE ☐ Delete TITLE ☐ Change ☐ Addition KOHL DON NAME NAME STREET ADDRESS 3916 N.W. 73RD AVENUE

I hereby certify that the information supplied with this filling 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 empower

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CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33071

COCONUT CREEK, FL 33073

KRADMAN, LAURA

MOLSKI, DOTTY

10959 NW 12 DRIVE

PETERSON, LINDA

5301 NW 49 AVE

SD

3300 UNIVERSITY DR.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN F. KOHL 1/15/08

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