## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003326

FILED Jan 12, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3000 SPORTSPLEX DRIVE

CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

3000 SPORTSPLEX DRIVE

CORAL SPRINGS, FL 33065 US

FEI Number: 65-0595837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: PD

 Name:
 KOHL, JOAN F PRES

 Address:
 3916 N.W. 73RD AVENUE

 City-St-Zip:
 CORAL SPRINGS, FL 33065 US

Title: TD

 Name:
 WARRICK, GREG TRES

 Address:
 8204 NW 42ND STREET

 City-St-Zip:
 CORAL SPRINGS, FL 33065 US

Title: VD

Name: KOHL, DONALD VP
Address: 3916 N.W. 73RD AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title:

Name: DIPIETRO, JOSEPH Address: 8826 NW 54 ST

City-St-Zip: CORAL SPRINGS, FL 33067

Title: D

Name: WANGBERG, WENDY Address: 5601 NW 121 AVE

City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD

Name: PETERSON, LINDA SEC Address: 5301 NW 49 AVE

City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: DONALD KOHL VP 01/12/2011