

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003727

FILED
Jul 08, 2008
Secretary of State

Entity Name: WOODLAND WONDERS WILDLIFE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

786 AVENUE C, S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

786 AVENUE C, S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3392140 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POBJECKY, J. DAVID
786 AVENUE C, S.W.
WINTER HAVEN, FL 33880 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: D () Delete
Name: SCHUELE WATERS, JOAN
Address: 2110 BETTY ANN DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: POBJECKY, J. DAVID
Address: 786 AVENUE C, S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: POBJECKY, ARTIE R
Address: 415 SUMMER PLACE
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POBJECKY, ARTIE R
Address: 786 AVENUE C, SW
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify 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: ARTIE R POBJECKY

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date