

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003213

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: STATE WILDLIFE RESCUE CORP.

**Current Principal Place of Business:**

9421 S.W. 51 PL  
COOPER CITY, FL 333284107

**New Principal Place of Business:**

**Current Mailing Address:**

9421 S.W. 51 PL  
COOPER CITY, FL 333284107

**New Mailing Address:**

FEI Number: 65-0819330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHRAGER, MICHAEL K  
9421 S.W. 51 PL  
COOPER CITY, FL 333284107 US

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

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: SCHRAGER, MICHAEL K  
Address: 9421 SW 51ST PL  
City-St-Zip: COOPER CITY, FL 33328

Title: TR ( ) Delete  
Name: TOLL, JEFFREY VMD  
Address: 9410 STIRLING RD  
City-St-Zip: COOPER CITY, FL 33024

Title: TR ( ) Delete  
Name: PARROTT, TERRI DVM  
Address: 9410 STIRLING RD  
City-St-Zip: COOPER CITY, FL 33024

Title: SD ( ) Delete  
Name: SCHRAGER, VALERIE L  
Address: 9421 SW 51 PLACE  
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: VALERIE L. SCHRAGER

MRS.

02/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date