2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2008
Secretary of State

DOCUMENT# N97000003213

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:

<UNUSED>
COOPER CITY, FL 333284107

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: SATTMAN, KELLY L DVM
Address: 10110 SW 56 STREET
City-St-Zip: COOPER CITY, FL 33028

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 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 SD 03/16/2008

Electronic Signature of Signing Officer or Director Date