

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2009
Secretary of State**

DOCUMENT# N97000003213

Entity Name: STATE WILDLIFE RESCUE CORP.

Current Principal Place of Business:

New Principal Place of Business:

<UNUSED>
COOPER CITY, FL 333284107

Current Mailing Address:

New Mailing Address:

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

9421 SW 51 PLACE
COOPER CITY, FL 33328 US

FEI Number: 65-0819330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHRAGER, MICHAEL K
Address: 9421 SW 51ST PL
City-St-Zip: COOPER CITY, FL 33328

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

Title: TR () Delete
Name: SATTMAN, KELLY L DVM
Address: 10110 SW 56 STREET
City-St-Zip: COOPER CITY, FL 33028

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

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

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

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

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: MICHAEL KEVIN SCHRAGER

MR

03/30/2009

Electronic Signature of Signing Officer or Director

Date