5/15/01-90020-03

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Jul 12, 2001 8:00 am
Secretary of State
05-15-2001 90020 030 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005771

1. Entity Name

HEALING WINGS WILDLIFE REHABILITATION CENTER, IN

Principal Place of Business	Mailing Address
1526 WILD IRIS LANE ORANGE PARK FL 32073	1526 WILD IRIS LANE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1526 WILD IRIS LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK, FLORIDA	City & State
Zip: 32003 / Country	Zip / Country

4. FEI Number: 59-3574363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIFFIN, JANICE E 1526 WILD IRIS LANE ORANGE PARK FL 32073	Name: JANICE E. GRIFFIN Street Address (P.O. Box Number is Not Acceptable): 1526 WILD IRIS LANE City: ORANGE PARK, FL Zip Code: 32003

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLBORN, ROBBIE 1915 SALT MYRTLE LANE ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY LAORA GRIFFIS 3653 JIMS COURT GREEN COVE SPRINGS	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEARER, JULIANA 1789 HOLLY FLOWER LANE ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER GAIL SMITH 2805 NEWCASTLE DR, ORANGE PARK, FL. 32065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, JONATHAN 1922 ROSE MALLOW LANE ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRIFFIN, JANICE E 1526 WILD IRIS LANE ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (904) 2696513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #