# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# N99000007618

**Entity Name:** THE ARK WILDLIFE & REHABILITATION, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 335 SUNSET DR.<br>ST. AUGUSTINE, FL 32084 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 335 SUNSET DR.<br>ST. AUGUSTINE, FL 32084 | |

FEI Number: 59-3614125    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| LYNCH, KAREN<br>335 SUNSET DR.<br>ST. AUGUSTINE, FL 32084    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: | LYNCH, KAREN | |
| Address: | 335 SUNSET DR. | |
| City-St-Zip: | ST. AUGUSTINE, FL 32084 | |

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | SHIELL, REBECCA | |
| Address: | #4 MARLIN DR. | |
| City-St-Zip: | ST. AUGUSTINE, FL 32080 | |

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | OWENS, PATSY | |
| Address: | 135 MENENDEZ ROAD | |
| City-St-Zip: | ST. AUGUSTINE, FL 32080 | |

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

| | | |
|---|---|---|
| Title: | D | (X) Change ( ) Addition |
| Name: | HOWARD, STEVE | |
| Address: | 240 S. MATANZAS BLVD. | |
| City-St-Zip: | ST. AUGUSTINE, FL 32080 | |

| | | |
|---|---|---|
| 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 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 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: KAREN LYNCH                          D               04/30/2004

            Electronic Signature of Signing Officer or Director                   Date