

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2006
Secretary of State**

DOCUMENT# N99000007618

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

Current Principal Place of Business:

335 SUNSET DR.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

335 SUNSET DR.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3614125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYNCH, KAREN
335 SUNSET DR.
ST. AUGUSTINE, FL 32084 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: P () Delete
Name: LYNCH, KAREN
Address: 335 SUNSET DR.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: GROTE, DOUGLAS
Address: 8200 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S () Delete
Name: ZAGGY, BREND
Address: 16 DRUM PLACE
City-St-Zip: PONTE VEDRA, FL 32082

Title: T () Delete
Name: LYNCH, KAREN
Address: 335 SUNSET DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: KAREN LYNCH

PRES

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date