

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007618

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

335 SUNSET DR.  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

335 SUNSET DR.  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 59-3614125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LYNCH, KAREN  
335 SUNSET DR.  
ST. AUGUSTINE, FL 32080 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  
Name: LYNCH, KAREN  
Address: 335 SUNSET DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T  
Name: LYNCH, LAWRENCE  
Address: 335 SUNSET DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: S  
Name: DECAMP, JOAN  
Address: 8130 A1A SOUTH #J11  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN LYNCH

PRES

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date