2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2019
Secretary of State
0754730034CC

DOCUMENT# N00000000454

Entity Name: ARNOLD'S WILDLIFE REHABILITATION CENTER, INC.

Current Principal Place of Business:

14985 N.W. 30TH TERRACE
OKEECHOBEE, FL 34972

Current Mailing Address:

14985 N.W. 30TH TERRACE
OKEECHOBEE, FL 34972

FEI Number: 65-0955277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARNOLD, SUE
14985 N.W. 30TH TERRACE
OKEECHOBEE, FL 34972 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

Officer/Director Detail :

Title	PD
Name	ARNOLD, SUE
Address	14985 N.W. 30TH TERRACE
City-State-Zip:	OKEECHOBEE FL 34972

Title	VP
Name	FISCHER, BARI C
Address	153 HILLSIDE DRIVE
City-State-Zip:	NEWPORT VT 05855

Title	SECRETARY
Name	FRASER, JIM
Address	1730 W LAS OLAS BLVD
City-State-Zip:	FT LAUDERDALE FL 33312

Title	TREASURER
Name	MOORE, BETTE P
Address	1350 NW 141 STREET
City-State-Zip:	OKEECHOBEE FL 34972

Title	VP
Name	COLLIER, ALICIA E DR.
Address	2135 SPRUCE CREEK CIR W
City-State-Zip:	PORT ORANGE FL 32128

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: SUE ARNOLD PRES/DIR 03/15/2019

Electronic Signature of Signing Officer/Director Detail — Date