

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 JUNG, FRED III
Address 16 FARNHAM ST
City-State-Zip: CAZENOVIA NY 13035

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

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/DIRECTOR

03/11/2018

Electronic Signature of Signing Officer/Director Detail

Date