

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001248

**Entity Name:** FLORIDA KEYS WILDLIFE RESCUE INC.**Current Principal Place of Business:**1388 AVE B  
BIG PINE KEY, FL 33043**Current Mailing Address:**P.O. BOX 431392  
BIG PINE KEY, FL 33043**FEI Number:** 65-0993931**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TOTMAN, PAUL A  
1388 AVE B  
BIG PINE KEY, FL 33043 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	DP
Name	TOTMAN, MAYA
Address	1388 AVE B
City-State-Zip:	BIG PINE KEY FL 33043

Title	OFF
Name	STUART, GARRISON T
Address	701 SPANISH MAINE DRIVE
City-State-Zip:	CUDJOE KEY FL 33042

Title	OFF
Name	KNOSS, JOANN
Address	5720 CHEYENNE DRIVE
City-State-Zip:	HOLIDAY FL 34690

Title	D
Name	TOTMAN, PAUL A
Address	1388 AV B
City-State-Zip:	BIG PINE KEY FL 33043

Title	DVM
Name	BACOS, SAM
Address	BACOS BIRD CLINIC 3432 WEST HILLSBORO BLVD.
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	OFF
Name	JONES, AMY
Address	31325 AVE G
City-State-Zip:	BIG PINE KEY FL 33043

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:** MAYA TOTMAN

DP

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date