

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000857

FILED
Jan 12, 2009
Secretary of State

Entity Name: 100 ACRE WOOD WILDLIFE REHABILITATION, INC.

Current Principal Place of Business:

99 KOHEN ROAD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

99 KOHEN ROAD
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-4137076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, JOHN M ESQ.
297 NORTH BROAD STREET
BROOKSVILLE, FL 34601 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: PSTD () Delete
Name: CHRISTIAN, LINDA
Address: 99 KOHEN ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: VPD () Delete
Name: BACKUS, DEBORAH
Address: 25020 MAE HIGHT ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: CHRISTIAN, LEANNE
Address: 99 KOHEN ROAD
City-St-Zip: BROOKSVILLE, FL 34601

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:

I hereby certify that the information supplied with this filing does not qualify 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: LINDA S. CHRISTIAN

MS

01/12/2009

Electronic Signature of Signing Officer or Director

Date