FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

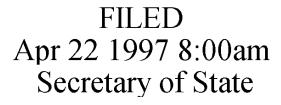
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

(6)

FLORIDA WILDLIFE SANCTUARY, INC.





Principal Place of Business	Mailing Address		- I CONTINUENTAL MARTINE MATERIAL MARTINE MATERIAL MARTINE MATERIAL MATERIA	iin didil gebis dibil dibis didil debis 1801
2600 OTTER CREEK LANE MELBOURNE FL 32940	2600 OTTER CREEK LANE MELBOURNE FL 32940-7424			
			3. Date Incorporated or Qualified 02/22/1973	3a. Date of Last Report 04/19/1996
├ ─, '	2a. Mailing Address		4. FEI Number 23-7292826	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 2	Zıp	Country 30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes ☐ No
9. Name and Address of Current Re	gistered Agent		10. Name and Address of New Reg	Istered Agent
		81 Name H	IENRY J. CAN	PBELL
MALONE, JOHN J.		82 Street Add	dress (P.O. Box Number is Not Acceptable	9 9 9 9 9
598 COCONUT STREET		B3 /5	5 SEACHEST L	//IVE
SATELLITE BEACH FL 32937		-110		
		84 CIMEL	LOWANE BEACH	FL 85 32951
11. Pursuant to the provisions of Sections 617.0502 and office or registered agent, or both, in the State of Fi	o 617.1508, Florida Statutes lorida. Such change was au	s, the above-hamed con thorized by the corpora	rporation submits this statement for the plation's board of directors. I hereby accep	rpose of crianging its registered the appointment as registered
agent. I am familiar with, and accept the obligation	s or, section 617.0503, Flori MDBELL	ida Statutes.	a O Prach bill	04-11-97
SIGNATURE Signature, typed or printed name of registered agent and	tille if applicable. (NOTE:	Registered Agent signature		DATE
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICE	
MILE PD	DELETÉ	1.1 TITLE	PUT T CAMPBE	1/4
NAME CAHILL, JERRY SIREET ADDRESS 575 DAWSON DRIVE		1.2 NAME 1.3 STREET ADDRESS	ENRY J. CAMPBELL 55 SEACREST DATE	E
CITY-ST-ZIP MELBOURNE FL 32940		1.4 CITY - ST - ZIP	MELBOURNE BEACH	,FL 32951
TITLE TM	DELETE		5 D	Change Addition
NAME MALONE, JOHN J.	,	2.2 NAME	LARY CASTNER	
STREET ADDRESS 598 COCONUT ST		2.3 STREET ADDRESS 2	36 N.E. BAD STI	K77000
CITY-ST-ZIP SATELLITE BEACH FL		2.4 CITY - ST - ZIP	SATELLITE B	EACH 1232937
THLE D	DELETE			Change LI Addition
NAME POTTER, WILLIAM C		■ `*	AURA MCGRAPH 2106 IVY DRIVE	
STREET ADDRESS 700 S. BABCOCK ST. CITY-ST-ZIP MELBOURNE FL 32901			COCOA, FL 32	930
CITY-ST-ZIP MELBOURNE FL 32901	DELETE	4.1 TIFLE	20204772	Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE				1 1 0 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2
1	☐ DELETE	5.1 TITLE		Change Addition
NAME	☐ DELETE	5.2 NAME		LI Change LI Addition
STREET ADDRESS	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		LI Change LI Addition
STREET ADDRESS CITY-ST-ZIP		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE		5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE	•	