

FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725645 (6)
1. Corporation Name
FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.



Principal Place of Business 2800-A OTTER CREEK LANE MELBOURNE FL 32940	Mailing Address 2600-A OTTER CREEK LANE MELBOURNE FL 32940
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3. Date Incorporated or Qualified 02/22/1973
4. FEI Number 23-7292826
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CAMPBELL, HENRY
155 SEACREST DR
MELBOURNE BCH FL 32951**

10. Name and Address of New Registered Agent
81 Name **GARY A. CASTNER**
82 Street Address (P.O. Box Number is Not Acceptable)
236 N.E. 3RD ST.
83
84 City **SATELLITE BEACH** FL 85 Zip Code **32937**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gary A. Castner* DATE 1/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, HENRY J	1.2 NAME	PATTI CHANDLER
STREET ADDRESS	155 SEACREST DR	1.3 STREET ADDRESS	3496 SPARROW CT.
CITY-ST-ZIP	MELBOURNE BCH FL	1.4 CITY-ST-ZIP	MELBOURNE FLA. 32935
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTNER, GARY	2.2 NAME	
STREET ADDRESS	236 NE 3RD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, LAURA	3.2 NAME	LAURA MCGRATH
STREET ADDRESS	2106 IVY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HYTA MEDERER
STREET ADDRESS		4.3 STREET ADDRESS	3980 TURKEY POINT DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MELBOURNE, FL. 32934
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	HEATHER FRESA
STREET ADDRESS		5.3 STREET ADDRESS	1892 SANDBAR DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MERRITT ISLAND, FLA. 32953
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DECK HUDSON
STREET ADDRESS		6.3 STREET ADDRESS	415 DOVE LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SATELLITE BEACH, FLA. 32937

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary A. Castner* DATE 1/15/98 1-407-773-8831

CR2E037 (10/97)