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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725645

1. Corporation Name
FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.

Principal Place of Business 4560 NORTH U.S. HIGHWAY 1 MELBOURNE FL 32935	Mailing Address 4560 NORTH U.S. HIGHWAY 1 MELBOURNE FL 32935
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/22/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7292826
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
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 PD	CHANDLER, PATTI 3496 SPARROW CT MELBOURNE BCH FL 32935	1.1 TITLE D	EILEEN OLEJANSKI 262 MARION ST. INDIAN HARBOR BCH, FLA. 32937
TITLE TD	CASTNER, GARY 236 NE 3RD ST SATELLITE BCH FL	2.1 TITLE MD	SUE SMALL 414 THRUSH DR. SATELLITE BCH, FLA. 32937
TITLE MD	MCGRATH, LAURA 2106 IVY DRIVE COCOA FL	3.1 TITLE D	
TITLE VD	MEDERER, HYTA 3980 TURKEY POINT DR MELBOURNE FL 32934	4.1 TITLE PD	
TITLE SD	FRESA, HEATHER 1892 SANBAR DR MERRITT ISLAND FL 32953	5.1 TITLE	
TITLE D	HUDSON, DICK 415 DOVE LANE SATELLITE BEACH FL 32937	6.1 TITLE DV	4784 PARKSTONE DR. VIERA, FL. 32955

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, with all other like empowered.

SIGNATURE: GARY CASTNER DATE: 1/27/99 DAYTIME PHONE #: 407-773-8831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)