


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90012 021 ****70.00

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1. Entity Name
FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.



Principal Place of Business and Mailing Address

**4560 NORTH U.S. HIGHWAY 1
 MELBOURNE, FL 32935**

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 MELBOURNE, FL 32935**

DO NOT WRITE IN THIS SPACE

40000616



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number **23-7292826** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTNER, GARY A
 3039 SWEET PINE DR.
 MELBOURNE, FL 32935**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTNER, GARY A 3039 SWEET PINE DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SMALL, SUE 414 THRUSH DR SATELLITE BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDERER, HYTA 3980 TURKEY POINT DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRESA, HEATHER 1892 SANBAR DR MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANDLER CHANDLER , PATTI 3496 SPARROW CT. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEJARSKI, EILEEN 262 MARION ST. INDIAN HARBOR BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Castner* **GARY CASTNER** TREASURER 1/7/2005 3212548843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #