


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 050 ****70.00


DOCUMENT # 725645
 1. Entity Name
 FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.



Principal Place of Business Mailing Address
 4560 NORTH U.S. HIGHWAY 1 4560 NORTH U.S. HIGHWAY 1
 MELBOURNE, FL 32935 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

40024743



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7292826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 2/6/08 321-254-8843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #