

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90168 048 ****70.00

2016132

DOCUMENT # 725645

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7292826**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTNER, GARY A	
STREET ADDRESS	3039 SWEET PINE DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SMALL, SUE	
STREET ADDRESS	414 THRUSH DR	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDERER, HYTA	
STREET ADDRESS	3980 TURKEY POINT DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRESA, HEATHER	
STREET ADDRESS	1892 SANBAR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUDSON, DICK	
STREET ADDRESS	4784 PARKSTONE	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLEJARSKI, EILEEN	
STREET ADDRESS	262 MARION ST.	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTI CHANDLER	
STREET ADDRESS	3496 SPARROW CT.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 A CASTNER* **CASTNER** 1/17/2003 321-254-8843

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

CR2E037 (10/02)