FILE NOW: FILING FEE IS \$61.25			
NONPROFIT FLORIDA DEPARTMENT OF STATE			
(A TOS) SOLUTA D	CORPORATION Sandra B Mortham		
ANNUAL REPORT Secretary of State			
1996 DIVISION OF CO			
DOCUMENT #			
St. Francis of Assisi Wildlife Ass	•		
Principal Place of Business Mailing Address P.O. Box 38160			
Tallahassee, FL 32303 Tallahasser, FL 32315		Date Incorporated or Qualified	D. Durathan O.
		1-23.78	3a. Date of Last Report 5 - -95
2. Principal Place of Business 2a. Mailing Address 2b		4. FE! Number 59-1888022	Applied For Not Applicable
Suite, Apt #, etc Suite, Apt #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 28		6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees Itangible tax under s 199 032
24 25 29 30 9. Name and Address of Current Registered Agent		Florida Statutes 10. Name and Address of New Reg	
81 Name / II			
: Kathy E. Salardi 82 Street Address (P.O. Box Numberis Not Acceptable)			
5649 Rustic Dr. 83 5649 Kustic Dr.			
Tallahassee, FL 32303 11 Pur allahassee FL 85 7/p Code 32303			
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 Jamusar with, and accept the obligations of Section 617,0503, Florida Statutes.			
agent I am familiar with and accept the obligations of Section 617.0503, Florida Statutes SIGNATURE L. 20.6 (0)			
Signature: types or printed after of registered agent and took applicate. (NOT), Ri	eg stered Agent signature required		DATE
12. OFFICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CRS AND DIRECTORS IN 12
NAME Doug Gillis	I 2 NAME		Change Madricis
STREET ADDRESS 3770 SUPBIKD(,	13 STREET ADDRESS		
TAILANASSEE F- \$2308	14 CHY-ST-ZIP	000 1 COCT 1 1 - 1 - 1	Change Addition
NAME Kathy E. Salandi	22 NAME = -	This & Con-Con	,
STREET ADDRESS SCA 9 Kustic Dr.	23 STREET ADORESS	49 Ruefic Dr.	4
DITY-SI-ZIP Allahasser & 32803	2 4 CITY-ST ZIP	llahassee, FZ 3230	
NAME JOAnn Pletcher	31 TITLE 32 NAME	•] Change
STREET ADDRESS 5394 Appledore Un.	3 3 STREET ADDRESS		
CITY-ST-ZIP TOLANOSSER & STOLE	3.4 CHY-ST-ZIP		
NAME COURS LETT .	4 1 TITLE 4 2 NAMÉ		Change Addition
STREET ADDRESS SARG MY/TER Landing Rd.	4.3 STREET ADDRESS		
CITY-ST-ZIP Tallahasser, Fr 32312	4.4.CITY - ST - ZIP		
NAME GUYTE P. NECORD III	5 1 JITLE		Change Addition
STREET ADDRESS 503 Vinnedge Ride	5 2 NAME 5 3 STREET ADDRESS	10000182 -05/14/960104	0121
CITY-ST-ZIP Tallahassee , 12 52303	5 4 CITY - ST - ZIP		6018
NAME DI CECTOR DELETE	61 TITLE	***61.25	Change Addition
STREET ADDRESS ISSUIN MIK BLYD	6 2 NAME. 6 3 STREET ADDRESS		4
CITY-ST-ZIP TAllahasses 52 32303	6.4 City-St-ZiP		5-1-46
14. I do hereby certify that the information supplied with this filing is voluntarily furnis further certify that the information indicated on this annual report or supplemental.	hed and does not qualify		
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 charged, or on an attachment with an address.			
SIGNATURE: States & Xudoan Kirthyl & Landoux 419.96 (904) 231 4020			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			