

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765175 (5)

1. Corporation Name

WILDLIFE SANCTUARY OF NORTHWEST FLORIDA INCORPORATED

Principal Place of Business

105 "S" STREET
PENSACOLA FL 32505

Mailing Address

105 "S" STREET
PENSACOLA FL 32505-79283. Date Incorporated or Qualified
09/23/19823a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2222303

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

RUTLAND, THOMAS W
500 BAYFRONT PARKWAY
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	UARICH, SANDRA DVM	
STREET ADDRESS	105 "S" STREET	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, CLIFFORD DVM	
STREET ADDRESS	105 "S" STREET	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFMANN, JOHN	
STREET ADDRESS	105 "S" STREET	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, SYNDI DVM	
STREET ADDRESS	105 "S" STREET	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, MARY	
STREET ADDRESS	105 "S" STREET	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURFENIG, BETSY	
STREET ADDRESS	105 "S" STREET	
CITY - ST - ZIP	PENSACOLA FL 32505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	CLIFF GREENE		
1.3 STREET ADDRESS	105 "S" STREET		
1.4 CITY - ST - ZIP	PENSACOLA FL 32505		
2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	DEBORAH DAVIDSON		
2.3 STREET ADDRESS	105 "S" STREET		
2.4 CITY - ST - ZIP	PENSACOLA FL 32505		
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Kaufmann, John		
3.3 STREET ADDRESS	105 "S" street		
3.4 CITY - ST - ZIP	Pensacola FL 32505		
4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	PATRICIA WRIGHT ESQ.		
4.3 STREET ADDRESS	105 "S" STREET		
4.4 CITY - ST - ZIP	PENSACOLA FL 32505		
5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	ANTHONY KELLEY		
5.3 STREET ADDRESS	105 "S" STREET		
5.4 CITY - ST - ZIP	PENSACOLA FL 32505		
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	DENNY HUPPERT		
6.3 STREET ADDRESS	105 "S" STREET		
6.4 CITY - ST - ZIP	PENSACOLA FL 32505		

14. I do 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

904-452-3802

Date

Daytime Phone # 0072776

CR2E037 (9/96)