

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91589 044 ****61.25

000728

DOCUMENT # 765175

1. Entity Name

WILDLIFE SANCTUARY OF NORTHWEST FLORIDA INCORPORATED

Principal Place of Business

Mailing Address

**105 *S* STREET
 PENSACOLA FL 32505**

**105 *S* STREET
 PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2222303

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUFMANN, DOROTHY W
 105 NORTH *S* STREET
 PENSACOLA FL 32505**

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.

SIGNATURE

Dorothy W Kaufmann Secretary 4-16-02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	CASE, EDMOND	
STREET ADDRESS	105 *S* STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JORDAN, BOB	
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	DVP	<input type="checkbox"/> Delete
NAME	BURK, CHRISTINE	
STREET ADDRESS	105 *S* STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, MARY	
STREET ADDRESS	105 *S* STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
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
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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:

Dorothy W Kaufmann Secretary 4-16-02

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

850-433-9453

CR2E037 (9/01)