



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 011 ****61.25

DOCUMENT # 765175 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40056340</div>  <div style="margin-top: 10px;"> 01282005 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-2222303				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFMANN, DOROTHY W 105 NORTH "S" STREET PENSACOLA, FL 32505				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	RT MCMANAMY, PARMELIE 105 "S" STREET PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEAMER LAWHHEAD 105 NORTH "S" STREET PENSACOLA, FL 32505
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JORDAN, BOB 105 "S" STREET PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY SALAZAR 105 NORTH "S" STREET PENSACOLA, FL 32505
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMANN, JOHN 105 "S" STREET PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE KAPLAN 105 NORTH "S" STREET PENSACOLA, FL 32505
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BURK, CHRISTINE 105 "S" STREET PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIA WRIGHT 105 NORTH "S" STREET PENSACOLA, FL 32505
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, MARY 105 "S" STREET PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA HARTMAN 105 NORTH "S" STREET PENSACOLA, FL 32505
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, AL 105 "S" ST PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELISSA BURTON 105 NORTH "S" STREET PENSACOLA, FL 32505
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 <i>Parmelie J McManamy</i> 2-1-05 850 433 9453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

ATTACHMENT

WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.
DOCUMENT # 765175
ADDITIONS TO DIRECTORS...

40056340

DIRECTOR
SANDY UARICH, DVM
105 NORTH "S" STREET
PENSACOLA, FL 32505

DIRECTOR
JEMISON MIMS
105 NORTH "S" STREET
PENSACOLA, FL 32505

DIRECTOR
DALE DEAN
105 NORTH "S" STREET
PENSACOLA, FL 32505