

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02165 (1)
1. Corporation Name
TREASURE COAST WILDLIFE HOSPITAL, INC.



Principal Place of Business Mailing Address
2800 SE BRIDGE ROAD HOBE SOUND FL 33455

3. Date Incorporated or Qualified **03/23/1984** 3a. Date of Last Report **04/19/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2410883	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARVIN, WESLEY R. 900 EAST OCEAN BLVD. SUITE B-210 STUART FL 34996				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERNEST, ROBERT G.			1.2 NAME	FLORETTE BRAUN		
STREET ADDRESS	762 SE MAJESTIC TERR.			1.3 STREET ADDRESS	1306 13TH LANE		
CITY-ST-ZIP	PORT ST. LUCIE FL			1.4 CITY-ST-ZIP	P BCH GARDENS		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAUN, FLORETTE			2.2 NAME	HAROLD JENKINS		
STREET ADDRESS	1306 13TH LANE			2.3 STREET ADDRESS	12390 S INDIAN RIVER DR S		
CITY-ST-ZIP	PALM BCH. GARDENS FL			2.4 CITY-ST-ZIP	HOBE SOUND FL 33455		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGALIS, GEORGE			3.2 NAME	SAME		
STREET ADDRESS	1810 EUCALYPTUS			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOT, REBECCA			4.2 NAME	SANDRA FOGT		
STREET ADDRESS	3089 SE LIMETREE TERR.			4.3 STREET ADDRESS	2572 SE ST LUCIE BLVD		
CITY-ST-ZIP	STUART FL			4.4 CITY-ST-ZIP	STUART FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOGT, SANDRA			5.2 NAME			
STREET ADDRESS	2572 SE ST. LUCIE BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra Focht APRIL 17, 1996 407-229-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)