


FILE NOW: FILING FEE IS \$61.25

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**Jun 10 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02165 (1)

1. Corporation Name
TREASURE COAST WILDLIFE HOSPITAL, INC.



Principal Place of Business 2800 SE BRIDGE ROAD HOBE SOUND FL 33455	Mailing Address 2800 SE BRIDGE ROAD HOBE SOUND FL 33455-8723
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3. Date Incorporated or Qualified 03/23/1984	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2410883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HARVIN, WESLEY R.
900 EAST OCEAN BLVD.
SUITE B-210
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORETTE BRAUN	1.2 NAME	James Haugk
STREET ADDRESS	1306 13TH LANE	1.3 STREET ADDRESS	8 Periwinkle Circle
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD JENKINS	2.2 NAME	Sandra Fagt
STREET ADDRESS	12390 S INDIAN RIVER DR S	2.3 STREET ADDRESS	2572 SE St. Lucie Blvd.
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGALIS, GEORGE	3.2 NAME	George Bergalis
STREET ADDRESS	1810 EUCALYPTUS	3.3 STREET ADDRESS	2 Periwinkle Circle
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA FOGT	4.2 NAME	Florette Braun
STREET ADDRESS	2572 SE LUCIE BLVD	4.3 STREET ADDRESS	1306 13th Lane
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

Handwritten notes and signatures in Block 13:

FL 85

Signature: [Handwritten]

Ysk dep \$61.25

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 _____ DATE **6-14-97**

CF2E037 (9/96)