SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:14

DOCUMENT # **N02823** **(5)**

1. Corporation Name
WILD ANIMAL RETIREMENT VILLAGE, INC.

Principal Place of Business	Mailing Address
STAR ROUTE. BOX 600 WALDO FL 32694	STAR ROUTE. DOX 600 WALDO FL 32694

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2409387 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLLIEN, DR. HARRY
229 SW 43RD TERRACE
GAINESVILLE FL 32607

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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	SCHULER, MR.EUGENE M.	12 NAME	
STREET ADDRESS	STAR ROUTE,BOX 800	13 STREET ADDRESS	
CITY-ST-ZIP	WALDO FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SCHULER, FRANCES L.	22 NAME	
STREET ADDRESS	STAR ROUTE,BOX 800	23 STREET ADDRESS	
CITY-ST-ZIP	WALDO FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BARTRON, RICHARD R.	32 NAME	
STREET ADDRESS	4418 NW 27 TERR	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WALLENDA, MRS.CARLA	42 NAME	
STREET ADDRESS	3842 SUGAR LANE	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOLLIEN,DR. HARRY	52 NAME	
STREET ADDRESS	229 SW 43RD TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HINNEBUSCH, MR. MARK	62 NAME	
STREET ADDRESS	3669 NW 23RD AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Frances Schuler FRANCES Schuler June 6 1995 904-468-1953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0003417