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Apr 22 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 # N02823 (5)

1. Corporation Name
WILD ANIMAL RETIREMENT VILLAGE, INC.



Principal Place of Business STAR ROUTE, BOX 800 WALDO FL 32694	Mailing Address STAR ROUTE, BOX 800 WALDO FL 32694-9741
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2. Corporation Fiscal Year 9/30	2a. Mailing Address WALDO, FL 32694	3. Date Incorporated or Qualified 04/30/1984	3a. Date of Last Report 04/24/1996
21. City & State WALDO, FL	27. Suite, Apt. #, etc. SAME	4. FEI Number 59-2409387	Applied For <input type="checkbox"/> Not Applicable
22. City & State WALDO, FL	28. City & State WALDO, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 32694	25. Country USA	29. Zip 32694	30. Country USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, MR. EUGENE M.	1.2 NAME	
STREET ADDRESS	STAR ROUTE, BOX 800	1.3 STREET ADDRESS	
CITY - ST - ZIP	WALDO FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, FRANCES L.	2.2 NAME	
STREET ADDRESS	STAR ROUTE, BOX 800	2.3 STREET ADDRESS	
CITY - ST - ZIP	WALDO FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTRON, RICHARD R.	3.2 NAME	STD SANDRA KISTNER
STREET ADDRESS	4418 NW 27 TERR	3.3 STREET ADDRESS	1092 Wyndham Way
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	SAFETY HARBOR, FLA 34695
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLEDA, MRS. CARLA	4.2 NAME	
STREET ADDRESS	3842 SUGAR LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIN, DR. HARRY	5.2 NAME	
STREET ADDRESS	229 SW 43RD TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINNEBUSCH, MR. MARK	6.2 NAME	
STREET ADDRESS	3669 NW 23RD AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	6.4 CITY - ST - ZIP	

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: **4-14-97** TELEPHONE: **352-468-1953**

CR2E037 (9/96)