

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19576 (0)**

1. Corporation Name  
**AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER, INC.**

Principal Place of Business <b>P.O. BOX 3798 SARASOTA FL 34230</b>	Mailing Address <b>P.O. BOX 3798 SARASOTA FL 34230-3798</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/06/1987</b>	3a. Date of Last Report <b>01/31/1996</b>
21	26	4. FEI Number <b>59-2766635</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
Country	Country	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MCGINNESS, W. LEE**  
**720 S. ORANGE AVE.**  
**SARASOTA FL 34236**

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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERSON, EDWIN LEWIS</b>	1.2 NAME	
STREET ADDRESS	<b>297 ARTISTS AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERSON, RHONDA FRIDAY</b>	2.2 NAME	
STREET ADDRESS	<b>297 ARTISTS AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, JOHN, IV</b>	3.2 NAME	
STREET ADDRESS	<b>1500NEW POINT COMFORT RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOTELSON, ROGER</b>	4.2 NAME	
STREET ADDRESS	<b>340 INDIANA AVE., NORTH</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Sandra B. Mortham* Director **4-29-97** 941-475-4585  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062832

CR2E037 (9/96)