

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # N24268 (7)
1. Corporation Name
WILDLIFE RESCUE SERVICE OF FLORIDA, INC.



Principal Place of Business Mailing Address
2316 24TH AVENUE WEST P.O. BOX 10475
BRADENTON FL 34205 PO BOX 10475
US BRADENTON FL 24282
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
01/08/1988 08/14/1996
4. FEI Number Applied For
65-0023424 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LAWRENCE R.
2316 24TH AVENUE WEST
BRADENTON FL 34205

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME ☐ DELETE
NAME STREET ADDRESS CITY-ST-ZIP
PMT SMITH, LAWRENCE R. 2005 49TH AVE W. BRADENTON FL
DPS SMITH, ELLIE T. 2005 49TH AVE BRADENTON FL
DV FANSLER, DAN 307 58TH AVE E BRADENTON FL
DTR MOSSLER, MICHAEL DR. 1511 FLORIDA BLVD BRADENTON FL
TITLE NAME ☐ DELETE
NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ DELETE
NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ DELETE
NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2316 24TH AV W
1.4 CITY-ST-ZIP BRADENTON FL 34205
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2316 24TH AV W
2.4 CITY-ST-ZIP BRADENTON FL 34205
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 907 63RD AV W
3.4 CITY-ST-ZIP BRADENTON, FL 34207
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 SIGNATURE REQUIRED R. Smith 9/14/97 941-750-9453

CR2E037 (4/97)