FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N24268** **(7)**

1. Corporation Name

WILDLIFE RESCUE SERVICE OF FLORIDA, INC.

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

3. Date Incorporated or Qualified: 01/08/1988

4. FEI Number: 65-0023424 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
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

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

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 LAURENCE R SMITH 5/2/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PMT~~	☐ DELETE	1.1 TITLE	D/M/C	☑ Change ☐ Addition
NAME	SMITH, LAWRENCE R.		1.2 NAME		
STREET ADDRESS	2316 24TH AVE W		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	~~DPS~~	☐ DELETE	2.1 TITLE	D/P	☑ Change ☐ Addition
NAME	SMITH, ELLIE T.		2.2 NAME		
STREET ADDRESS	2316 24TH AVE W		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	~~DV~~	☐ DELETE	3.1 TITLE	D/V	☑ Change ☐ Addition
NAME	~~FANSLER, DAN~~		3.2 NAME	AMBER WHITMAN	
STREET ADDRESS	~~907 63RD AVE W~~		3.3 STREET ADDRESS	810A 60TH AVE TER W	
CITY-ST-ZIP	~~BRADENTON FL~~		3.4 CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	DTR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOSSLER, MICHAEL DR.		4.2 NAME		
STREET ADDRESS	1511 FLORIDA BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T/S	☐ Change ☑ Addition
NAME			5.2 NAME	TRACY DOUGHTY	
STREET ADDRESS			5.3 STREET ADDRESS	7309 ALDERWOOD DR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	SARASOTA, FL. 34243	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: LAURENCE R. SMITH 941-750-9453