SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90019 002 ****70.00

DOCUMENT # N24268

1. Corporation Name
WILDLIFE RESCUE SERVICE OF FLORIDA, INC.

585426 - 90019 - 2

Principal Place of Business	Mailing Address
2316 24TH AVENEU WEST BRADENTON FL 34205 US	P.O. BOX 10475 PO BOX 10475 BRADENTON FL 34282 US

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/08/1988
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 65-0023424 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip Country 4 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	DMC	☐ DELETE	1.1 TITLE	DV	☐ Change ☑ Addition
NAME	SMITH, LAWRENCE R.		1.2 NAME	Fansler, Daniel	
STREET ADDRESS	2316 24TH AVE W		1.3 STREET ADDRESS	810-A 60th Ave Terr. W	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Bradenton FL 34207	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ 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		☐ Change ☐ Addition
NAME	WHITMAN, AMBER		3.2 NAME		
STREET ADDRESS	810-A 60TH AVE TERR W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		3.4. CITY-ST-ZIP		
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	TS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHTY, TRACY		5.2 NAME		
STREET ADDRESS	7309 ALDERWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		5.4 CITY-ST-ZIP		
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 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Tracy Doughty 7/3/99 941-750-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #