

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:13

DOCUMENT # **N25053** (2)

1. Corporation Name

ST. JOHNS WILDLIFE CARE, INC.

Principal Place of Business

Mailing Address

1100 ARRICOLA AVENUE
ST. AUGUSTINE FL 32084

1100 ARRICOLA AVENUE
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2886314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, WILLIAM P.
THREE PALM ROW
ST. AUGUSTINE FL 32084

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 607.0502 and 607.1508, 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 607.0509, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, STEVE	1.2 NAME	
STREET ADDRESS	3098G C.R. 13-A N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, NANCY	2.2 NAME	
STREET ADDRESS	2884 KINGS ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, DON	3.2 NAME	
STREET ADDRESS	48 SPANISH ST	3.3 STREET ADDRESS	SCHMIDT, FRED
CITY - ST - ZIP	ST. AUGUSTINE FL	3.4 CITY - ST - ZIP	706 ASTURIAS ST.
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANA, SALLY	4.2 NAME	
STREET ADDRESS	309 SE FOX RD	4.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY - ST - ZIP	ST. AUGUSTINE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	FLEMING, BEVERLY
CITY - ST - ZIP		5.4 CITY - ST - ZIP	HIGHWAY 13
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	ORANGEDALE, FL 32043
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Nancy Barnard

Nancy Barnard, Director 2/9/95

904-824-2881

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone Number