

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25053 (2)

1. Corporation Name
ST. JOHNS WILDLIFE CARE, INC.



Principal Place of Business Mailing Address
%100 ARRICOLA AVENUE ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified **02/26/1988** 3a. Date of Last Report **02/16/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2886314	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Zip	6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	Country					

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
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	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, FRED	3.2 NAME	
STREET ADDRESS	706 ASTURIAS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, BEVERLY	5.2 NAME	
STREET ADDRESS	HWY 13	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGEDALE FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 J. Barnard* **4/24/96 904-824-2881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X12**

CR2E037 (12/95)