

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25053 (2)
1. Corporation Name
ST. JOHNS WILDLIFE CARE, INC.



Principal Place of Business %100 ARRICOLA AVENUE ST. AUGUSTINE FL 32084	Mailing Address %100 ARRICOLA AVENUE ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified
02/26/1988

4. FEI Number
59-2886314

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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6. 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

9. Name and Address of Current Registered Agent
**ZIMMERMAN, WILLIAM P.
THREE PALM ROW
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, STEVE	
STREET ADDRESS	3098G C.R. 13-A N.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNARD, NANCY	
STREET ADDRESS	2884 KINGS ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, FRED	
STREET ADDRESS	706 ASTURIAS ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLANA, SALLY	
STREET ADDRESS	309 SE FOX RD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, BEVERLY	
STREET ADDRESS	HWY 13	
CITY-ST-ZIP	ORANGEDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARSH, KATHIE	
1.3 STREET ADDRESS	25 Dolphin Dr.	
1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, LORA	
4.3 STREET ADDRESS	1000 E. Moody Blvd.	
4.4 CITY-ST-ZIP	Bunnell, FL 32110	
5.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	INMAN, KAREN	
5.3 STREET ADDRESS	5706 C.R. 208	
5.4 CITY-ST-ZIP	St. Augustine, FL 32092	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Nancy J. Barnard **NANCY J. BARNARD** 4-8-98 904-824-2881, X12

CR2E037 (10/97)