NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25053

1. Corporation Name

ST. JOHNS WILDLIFE CARE, INC.

Principal Place of Business
%100 AFRICOLA AVENUE ST. AUGUSTINE FL 32084

Mailing Address

%100 ARRICOLA AVENUE ST. AUGUSTINE FL 3/1084

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90186 006 ****61.25

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⊢_ 1 '	Place of Business	2a. Mailing Address				3. Date incorporated or 0 02/26/1988	Qualifed		
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number		An	plied For
22	7, 50.	27				59-2886314			t Applicable
City & Stat		City & State						\$8.75	
23		28				5. Certificate of Status De	esired 🗍	Fee Re	
Zip	Country	Zip	Count	etry		6. Election Campaign Fir	ancino	\$5.00	May Re
24	25	29	30	-		Trust Fund Contributio	-	Added t	
	9. Name and Address of Current	t Registered Agent	757-			10. Name and Address of	f New Registered A	Agent	
				81	Name				
7IMMERN	MAN, WILLIAM P.		<u> </u>	82	Charat Address	ss (P.O. Box Number is Not	Accortable		
THREE PALM ROW			\°	02	Street Addres	SS (P.O. BOX Number is Not	Acceptable)		
	USTINE FL 32084		1	83					
OI. ADA	3011112 1 2 32004							T " - " -	
] {	84	City		FI	85 Zip 0	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statu	ites, the abr	ove-	named corpor	ration submits this statemen	t for the purpose of o	changing its	egistered
office or r	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was i	authorized t	by tr	he corporation	n's board of directors. I herel	by accept the appoin	tment as req	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered A	Agent :	signature required v	when reinstating)	DATE		
12.	OFFICERS AND) DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTO	F.S IN 12
TITLE	DP	☐ DELETE	1.1 T/TL	E.				Change 🔀	☐ Addition
NAME	Marsh, Kathie		1.2 NAM	ИE	F	by, Kathie			
STREET ADDRESS	25 DOLPHIN DR		1.3 STR	REETA	ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 C/TY	Y-ST-	-ZIP				
TITLE	D	☐ DELETE	2.1 TITU	E				Change	☐ Addition
NAME.	BARNARD, NANCY			4-					
STREET ADDRESS			2.2 NAM	WE.	i				
	2884 KINGS ROAD				ADDRESS				
CITY-ST-ZIP	2884 KINGS ROAD ST. AUGUSTINE FL			RETA)				
CITY-ST-ZIP	1	☐ DELETE	2.3 STR	EET A)			Change	☐ Addition
	ST. AUGUSTINE FL	☐ DELETE	2.3 STR	REET A Y-ST- LE)			Change	Addition
TITLE	ST. AUGUSTINE FL D	☐ DELETE	2.3 STR 2.4 CITY 3.1 TITU 3.2 NAM	Y-ST- E ME)			Change	Addition
TITLE NAME STREET ADDRESS	ST. AUGUSTINE FL D SCHMIDT, FRED	☐ DELETE	2.3 STR 2.4 CITY 3.1 TITU 3.2 NAM	Y-ST- E ME	- ZIP ADDRESS			Change	Addition
TITLE NAME	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST.	☐ DELETE	2.3 STRI 2.4 CITI 3.1 TITLI 3.2 NAM 3.3 STRI	Y-ST- E ME REET A	- ZIP ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST. ST. AUGUSTINE FL		2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY	Y-ST- E ME REET A Y-ST- E	- ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST. ST. AUGUSTINE FL DS		2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM	Y-ST- E ME REET A Y-ST- E ME	- ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS;	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST. ST. AUGUSTINE FL DS SMITH, LORA		2.3 STRI 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLL 4.2 NAM 4.3 STRI	Y-ST- E ME X-ST- E ME	ADDRESS ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST. ST. AUGUSTINE FL DS SMITH, LORA 1000 E MOODY BLVD		2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM	Y-ST-E WE Y-ST-E ME WE Y-ST-E ME Y-ST-E	ADDRESS ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST. ST. AUGUSTINE FL DS SMITH, LORA 1000 E MOODY BLVD BUNNELL FL 32110 DVP	☐ DELETE	2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY	Y-ST- E ME REET A Y-ST- E ME REET A Y-ST- E	ADDRESS ADDRESS			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST. AUGUSTINE FL D SCHMIDT, FRED 706 ASTURIAS ST. ST. AUGUSTINE FL DS SMITH, LORA 1000 E MOODY BLVD BUNNELL FL 32110 DVP INMAN, KAREN 5706 C R 208	☐ DELETE	2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	REET A Y-ST- E ME REET A Y-ST- E ME Y-ST- E ME REET A REET A	- ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/ti), Florida Statutes. I further cerify 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 arr 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:

MATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 904-824-288/ XII

CR2E037 (11/98)