

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90070 019 ****61.25

DOCUMENT # N25053

1. Entity Name

ST. JOHNS WILDLIFE CARE, INC.

Principal Place of Business

Mailing Address

**%100 ARRICOLA AVENUE
 ST. AUGUSTINE FL 32080-4515**

**%100 ARRICOLA AVENUE
 ST. AUGUSTINE FL 32080-4515**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2886314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNARD, NANCY J
 100 ARRICOLA AVE
 SAINT AUGUSTINE FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32080-4515

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BARNARD, NANCY	
STREET ADDRESS	2884 KINGS ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	INMAN, RANDALL	
STREET ADDRESS	5705 CR 208	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, LORA	
STREET ADDRESS	1000 E MOODY BLVD	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	DP	<input type="checkbox"/> Delete
NAME	INMAN, KAREN	
STREET ADDRESS	5706 C R 208	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STAUBER, EVELYN	
STREET ADDRESS	5155 AVE B	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy J. Barnard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 904-824-2881, X12

Date Daytime Phone #

CR2E037 (9/01)