


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 028 ****61.25

DOCUMENT # N25053
 1. Entity Name
ST. JOHNS WILDLIFE CARE, INC.



Principal Place of Business
 %100 ARRICOLA AVENUE
 ST. AUGUSTINE, FL 32080-4515

Mailing Address
 %100 ARRICOLA AVENUE
 ST. AUGUSTINE, FL 32080-4515

54029373



2. Principal Place of Business
5705 C. R. 208

3. Mailing Address
 Suite, Apt. #, etc.

02102004 Chg-NP CR2E037 (10/03)

City & State
St. Augustine, FL 32092

City & State

4. FEI Number
59-2886314

Applied For
 Not Applicable

Zip
32092

Country
USA

Zip
 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geraldine Rooks	
STREET ADDRESS	102 Bermuda Ct.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
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* **4/7/04** 904-824-2881 x12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #