


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90125 048 ****61.25

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



2005400

Principal Place of Business
 5705 C.R. 208
 SAINT AUGUSTINE, FL 32092

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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3443
 Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State
 Saint Augustine, FL

4. FEI Number
 59-2886314

Applied For
 Not Applicable

Zip Country
 32085-3443 USA

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)
2884 Kings Rd.
 City **Saint Augustine** FL Zip Code **32086**

Change of address →

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.
 Nancy J. Barnard
 SIGNATURE Nancy J. Barnard DATE 4/18/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	D BARNARD, NANCY 2884 KINGS ROAD SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, RANDALL 5705 CR 208 SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP INMAN, KAREN 5706 C R 208 ST AUGUSTINE, FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STAUBER, EVELYN 5155 AVE B SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GERALDINE, ROOKS 102 BERMUDA CT. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.

Nancy Barnard
 SIGNATURE: Nancy Barnard DATE 4/18/06 904-824-2881 x12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #