


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25053</b> 1. Entity Name ST. JOHNS WILDLIFE CARE, INC.	
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Principal Place of Business 5705 C.R. 208 SAINT AUGUSTINE, FL 32092	Mailing Address P O BOX 3443 SAINT AUGUSTINE, FL 32085
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04172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2886314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BARNARD, NANCY J  
 2884 KINGS RD  
 SAINT AUGUSTINE, FL 32086

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNARD, NANCY 2884 KINGS ROAD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, RANDALL 5705 CR 208 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP INMAN, KAREN 5706 C R 208 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STAUBER, EVELYN 5155 AVE B SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GERALDINE, ROOKS 102 BERMUDA CT. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000735057  
 05/10/07-80018-016 61.25

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

**SIGNATURE:** *Nancy J. Barnard* **04/24/07** **904-824-2881, X112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #