

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25053

FILED
Mar 23, 2009
Secretary of State

Entity Name: ST. JOHNS WILDLIFE CARE, INC.

Current Principal Place of Business:

5705 C.R. 208
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

P O BOX 3443
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2886314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNARD, NANCY
Address: 2884 KINGS ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: INMAN, RANDALL
Address: 5705 CR 208
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DP () Delete
Name: INMAN, KAREN
Address: 5706 C R 208
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DV (X) Delete
Name: STAUBER, EVELYN
Address: 5155 AVE B
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: DS (X) Delete
Name: GERALDINE, ROOKS
Address: 102 BERMUDA CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY BARNARD

Electronic Signature of Signing Officer or Director

DIR

03/23/2009

Date