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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32977** (3)

1. Corporation Name

BACK TO NATURE WILDLIFE, INC.

Principal Place of Business	Mailing Address
18515 E. COLONIAL DR ORLANDO FL 32820	18515 E. COLONIAL DR ORLANDO FL 32820-2838

3. Date Incorporated or Qualified: 06/23/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2961216 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHAW, CARMEN M
18515 E. COLONIA, SHAW
ORLANDO FL 32820

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 18515 E. COLONIAL DRIVE

83

84 City: ORLANDO FL 85 Zip Code: 32820

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BORZELLECA, HAZEL M.		1.2 NAME	SHAW, DAVID	
STREET ADDRESS	1390 HAVEN DRIVE		1.3 STREET ADDRESS	18515 E. COLONIAL DR	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	TD	☒ DELETE	2.1 TITLE	SECRETARY TREASURER/D	☐ Change ☒ Addition
NAME	MILLER, CAROLE A.		2.2 NAME	GALE, [redacted] LESLIE A.	
STREET ADDRESS	1910 8TH STREET		2.3 STREET ADDRESS	[redacted] 14790 BURNTWOOD CR.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	VD	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GALE, DAVID W.		3.2 NAME	WALLACE, JANE	
STREET ADDRESS	14790 BURNTWOOD CIRCLE		3.3 STREET ADDRESS	18609 HEWLETT ROAD	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, JANE		4.2 NAME		
STREET ADDRESS	18609 HEWLETT ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALE, DAVID W		5.2 NAME		
STREET ADDRESS	14790 BURNTWOOD CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, JANE		6.2 NAME		
STREET ADDRESS	1910 EIGHTH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Ann Gale 1-11-97 (407) 382-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #