

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11: 54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000001329 (2)

1. Corporation Name

FLORIDA WILDLIFE CARE, INC.

Principal Place of Business

Mailing Address

**P O BOX 1644
GAINESVILLE FL 32602-1644**

**P O BOX 1644
GAINESVILLE FL 32602-1644**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3178292

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, KRISTIN T
317 S.E. 51ST STREET
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Kristin Williams

(NOTE: Registered Agent signature required when re-registering)

3/1/95

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WILLIAMS, KRISTIN
STREET ADDRESS	317 SE 51 ST
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VPD
NAME	SCOTT, DAVID
STREET ADDRESS	2905 NW 33RD PL
CITY - ST - ZIP	GAINESVILLE FL
TITLE	SD
NAME	SMITH, LORRIE
STREET ADDRESS	6418 SE 96TH TERR
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	STRAUB, LESUE
STREET ADDRESS	2284 NW 34TH PL
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	KENYON, LOU REA
STREET ADDRESS	14107 NW 81 LN
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	ALBRANDT, DEBORAH
STREET ADDRESS	RT 2 LOT 18 QRE
CITY - ST - ZIP	ALACHUA FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional Page #)