

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001329 (2)  
1. Corporation Name

FLORIDA WILDLIFE CARE, INC.



Principal Place of Business: P O BOX 1644 GAINESVILLE FL 32602-1644  
Mailing Address: P O BOX 1644 GAINESVILLE FL 32602-1644

3. Date Incorporated or Qualified: 03/22/1993  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-3178292  
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 25 Country: 29 Zip: 30 Country:

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

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 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

*Signature* - SORRY! NO CHANGE! 2/22/96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	WILLIAMS, KRISTIN	
STREET ADDRESS	317 SE 51 ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	SCOTT, DAVID	
STREET ADDRESS	2905 NW 33RD PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/>
NAME	SMITH, LORRIE	
STREET ADDRESS	6418 SE 96TH TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	STRAUB, LESLIE	
STREET ADDRESS	2284 NW 34TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KENYON, LOU REA	
STREET ADDRESS	14107 NW 61 LN	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	ALBRANDT, DEBORAH	
STREET ADDRESS	RT 2 LOT 16 ORE	
CITY-ST-ZIP	ALACHUA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

5000001755185  
03/22/96-0115-017  
\*\*\*01.25

J2  
3-22

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96  
Date

352-3955185  
Daytime Phone #

CR2E037 (12/95)