## 3-1241 18 2982 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 12 1997 8:00am Secretary of State

FLORI	JMENT # N9300  DA WILDLIFE CARE, INC.					
Principal Pla	ace of Business	Mailing Address		i interitori una sauna riser marti marri ac	11(1 #43) 4616: 11484 11110 (1	116.1611.1601
O BOX 1644 Bainesville FL 32602-1644		P O BOX 1644 Gainesville FL 32	902-1844			
emilo i ill	AC OEOOC 1077			3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last R 03/22/199	eport
2. Principa	Place of Business	2a. Mailing Addre	ess	4. FEI Number		plied For
21		26		59-3178292	No	t Applicable
Suite, Ar	ot. #, etc	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 / Fee Re	
22 City & S	late	City & State	<del></del>	6. Election Campaign Financing	\$5.00	<del></del>
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation has liability for		. 199.032,
24	25	29	30		Yes No	
	9. Name and Address of Cu	rrent Hegistered Agent	81 Name	10. Name and Address of New Re	Mareten view	<del></del>
WILLIA	MS, KRISTIN T		82 Street Ad	drass (B.C. Roy Number is Not Assented	bio	
	5. 51ST STREET		502 Street Ad	dress (P.O. Box Number is Not Acceptal	ore)	
	SVILLE FL 32601		83			
	^		84 City		85 Zip	Code
	/\		11'		FL [" ]	
			<del></del>			
11. Pursua office of	nt to the provisions of Sections 617. or registered as each, or both, in the S	.0502 and 617.1508 Florid	la Statutes, the above-named co ge was authorized by the corpor	progration submits this statement for the ation's beard of directors. Thereby acce	purpose of changing it pt the appointment as	ls registered registered
11. Pursua office o agent.	nt to the provisions of Sections 617, or registered as on, or both, in the S I am familiar with, and adoed the o	.0502 and 617.1508 Florid tale of Florida, Such chan ingalions of Section 617	da Statutes, the above-named co ge was authorized by the corpor 0503, Florida Statutes.	prooration submits this statement for the ation's teard of directors. Thereby acce	purpose of changing it of the appointment as	ts registered registered
11. Pursua office o agent. SIGNATUR	E 1 1 1 2 2 2 2 2	X	$\sim$ $\times$ $\sim$		purpose of changing it pt the appointment as	ts registered registered
	Signature, typell of project inager objegisters	X	da Statutes, the above-named co op was authorized by the corpor 0503, Florida Statutes.  (NOTE Registered Agent signature red		DATE	3S IN 12
SIGNATUR	Signature, typell of project inager objegisters	Legent and little it applicable	(NOTE Registered Agent aignature rec	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	<u></u>
SIGNATUR	Signature, typed of myod napor beingstein OFFICERS PD WILLIAMS, KRISTIN	Legent and little templicable AND DIRECTORS	(NOTE Registered Agent aignature rec	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	3S IN 12
SIGNATUR 12. TITLE	Signature, typed of myod napor being stem OFFICERS PD WILLIAMS, KRISTIN 317 SE 51 ST	Legent and little templicable AND DIRECTORS	(NOTE Registered Agent aignature rec	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	3S IN 12
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appears in Block 12 or Block 18 inchanged, or on an attachment with an address.