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 Mar 12 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 # 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/22/1993	03/22/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3178292	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1-20-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, KRISTIN	1.2 NAME	
STREET ADDRESS	317 SE 51 ST	1.3 STREET ADDRESS	D Joyce Walker
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	6392 SW 37th Way Gainesville FL 32608
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVID	2.2 NAME	
STREET ADDRESS	2905 NW 33RD PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LORRIE	3.2 NAME	
STREET ADDRESS	6418 SE 96TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUB, LESLIE	4.2 NAME	
STREET ADDRESS	2284 NW 34TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRANDT, DEBORAH	5.2 NAME	
STREET ADDRESS	RT 2 LOT 16 ORE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kandy Roca	6.2 NAME	
STREET ADDRESS	307 NW 39th Terrace	6.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville FL 32605	6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: 1-20-97 DAYTIME PHONE: 40010700

CR2E037 (9/96)