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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified
03/22/1993
4. FEI Number
59-3178292
Applied For
Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WILLIAMS, KRISTIN T
317 S.E. 51ST STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD President DELETE
NAME WILLIAMS, KRISTIN
STREET ADDRESS 317 SE 51 ST
CITY-ST-ZIP GAINESVILLE FL
TITLE D DELETE
NAME WALKER, JOYCE
STREET ADDRESS 6322 SW 37TH WAY
CITY-ST-ZIP GAINESVILLE FL
TITLE SD Secretary DELETE
NAME SMITH, LORRIE
STREET ADDRESS ~~6449 SE 06TH TERR~~ 11704 YR 4th Ave
CITY-ST-ZIP GAINESVILLE FL
TITLE D Center Director DELETE
NAME STRAUB, LESLIE
STREET ADDRESS 2284 NW 34TH PL
CITY-ST-ZIP GAINESVILLE FL
TITLE D DELETE
NAME ALBRANDT, DEBORAH
STREET ADDRESS RT 2 LOT 16 ORE
CITY-ST-ZIP ALACHUA FL
TITLE D Director at Large DELETE
NAME KANDY, ROCA
STREET ADDRESS 307 NW 39TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME Susan Hanburry
1.3 STREET ADDRESS PO Box 1104
1.4 CITY-ST-ZIP Melrose FL N/A Large
2.1 TITLE Change Addition
2.2 NAME Lynne Beehler
2.3 STREET ADDRESS 4610 NW 35th Rd -
2.4 CITY-ST-ZIP Gainesville FL Large
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME Meredith Brechtel
4.3 STREET ADDRESS 4805 SW 19th St
4.4 CITY-ST-ZIP Gainesville FL Treasurer
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DED. \$61.25

14. I 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: Kristin Williams 2-17-98 352-395-5195

CR2E037 (10/97)