

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 04, 2005  
Secretary of State**

DOCUMENT# N93000001329

Entity Name: FLORIDA WILDLIFE CARE, INC.

**Current Principal Place of Business:**

3400 SE 15ST  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

3400 SE 15ST  
GAINESVILLE, FL 32641

**New Mailing Address:**

FEI Number: 59-3178292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STRAUB, LESLIE  
2284 NW 34TH PL  
GAINESVILLE, FL 32605      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HANBERRY, SUSAN  
Address: PO BOX 1104  
City-St-Zip: MELROSE, FL 32666

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD      ( ) Delete  
Name: STRAUB, LESLIE  
Address: 2284 NW 34TH PL  
City-St-Zip: GAINESVILLE, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      ( ) Delete  
Name: SKIMMING, KAREN  
Address: 6519 W NEWBERRY RD APT 412  
City-St-Zip: GAINESVILLE, FL 32605

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE E. STRAUB

DIR

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date