

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N93000001329
 1. Entity Name
 FLORIDA WILDLIFE CARE, INC.



Principal Place of Business
 3400 SE 15ST
 GAINESVILLE, FL 32641

Mailing Address
 3400 SE 15ST
 GAINESVILLE, FL 32641

DO NOT WRITE IN THIS SPACE



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3178292

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRAUB, LESLIE 2284 NW 34TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKIMMING, KAREN 2010 SW 102 TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAYES, PEARSE 5733 SW 75TH ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/17/07-80056-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie E. Straub Date: 4/16/07 Daytime Phone #: 352-371-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR