

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005029 (3)

1. Corporation Name

WILDLIFE FOUNDATION OF FLORIDA, INC.

Principal Place of Business

620 S MERIDIAN ST
TALLAHASSEE FL 32399-1600

Mailing Address

620 S MERIDIAN ST
TALLAHASSEE FL 32399-1600



3. Date Incorporated or Qualified
10/12/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3277808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MORRELL, L R
620 S MERIDIAN ST
TALLAHASSEE FL 32399-1600

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

Signature, typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BLAKE, WILLIAM M
5611 C SAILFISH DR
LUTZ FL 33549

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

BOSTICK, WILLIAM G JR
P.O. BOX 1789 N/A
WINTER HAVEN FL 33882

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BRANTLY, ROBERT M COL
7221 COVEY TRACE
TALLAHASSEE FL 32308

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

BREMER, LINDA
1530 MAYFAIR RD
JACKSONVILLE FL 32207

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

EGBERT, ALLAN L DR
620 S MERIDIAN ST
TALLAHASSEE FL 32399

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

IRELAND, KATE
FOSHLEE RT 1 BOX 530
TALLAHASSEE FL 32312

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

3-13-96

Date

Daytime Phone

CR2E037 (12/95)