

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003779 (5)**

1. Corporation Name

FLORIDA WILD MAMMAL ASSOCIATION, INC.



Principal Place of Business	Mailing Address
198 EDGAR POOLE RD. CRAWFORDVILLE FL 32327	198 EDGAR POOLE RD. CRAWFORDVILLE FL 32327-4264

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

3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 02/28/1996
4. FEI Number 65-0508616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
LESTRANGE, BETTE PLAZA 3000 3020 NORTH FEDERAL HIGHWAY BUILDING 11 FT. LAUDERDALE FL 33306	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, CHRIS M	1.2 NAME	Perugini, Carol
STREET ADDRESS	221 SOUTHWEST 6 STREET	1.3 STREET ADDRESS	198 EDGAR POOLE ROAD
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	Crawfordville, FLA 32327
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, MICHAEL	2.2 NAME	ANDERSON, DEBBIE
STREET ADDRESS	198 EDGAR POOLE RD.	2.3 STREET ADDRESS	6192A LAUREL LANE
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	TAMARAC, FLA 33319
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCO, GEORGIA	3.2 NAME	Perugini, Carol
STREET ADDRESS	1309 NORTHWEST 129TH WAY	3.3 STREET ADDRESS	198 Edgar Poole Road
CITY-ST-ZIP	SUNRISE FL 33323	3.4 CITY-ST-ZIP	Crawfordville, FLA 32327
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	C/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERUGINI, CAROL	4.2 NAME	Beatty Michael
STREET ADDRESS	9124 BEDFORD DRIVE	4.3 STREET ADDRESS	198 EDGAR POOLE RD
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	Crawfordville, FLA 32327
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHILL, BONNIE	5.2 NAME	Keil, Trice
STREET ADDRESS	11480 SHADY LANE	5.3 STREET ADDRESS	616 S 16th ST
CITY-ST-ZIP	PLANTATION ACRES FL 33325	5.4 CITY-ST-ZIP	Herin IL 62948
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIL, TRICE G	6.2 NAME	
STREET ADDRESS	616 S. 16 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HERIN IL 62948	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:  **Carol Perugini** 2/22/97 (904) 926-8308

CR2E037 (9/96)