

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 31 1997 8:00am  
Secretary of State

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
10/12/1994

3a. Date of Last Report  
03/18/1996

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

7/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BLAKE, WILLIAM M  
STREET ADDRESS 5811 C SAILFISH DR  
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4611 W. Sunset Blvd.  
1.4 CITY-ST-ZIP Tampa, FL 33629

TITLE PD ☐ DELETE  
NAME BOSTICK, WILLIAM G JR  
STREET ADDRESS P.O. BOX 1789 N/A  
CITY-ST-ZIP WINTER HAVEN FL 33882

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BRANTLY, ROBERT M COL  
STREET ADDRESS 7221 COVEY TRACE  
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME BREMER, LINDA  
STREET ADDRESS 1530 MAYFAIR RD  
CITY-ST-ZIP JACKSONVILLE FL 32207

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME EGBERT, ALLAN L DR  
STREET ADDRESS 620 S MERIDIAN ST  
CITY-ST-ZIP TALLAHASSEE FL 32399

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME IRELAND, KATE  
STREET ADDRESS FOSHLEE RT 1 BOX 530  
CITY-ST-ZIP TALLAHASSEE FL 32312

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS Foshalee, 13656 Tenacity Lane  
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

7/28/97 59-3277808

CR2E037 (4/97)