


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003779 (5) 1. Corporation Name FLORIDA WILD MAMMAL ASSOCIATION, INC.					



Principal Place of Business 198 EDGAR POOLE RD. CRAWFORDVILLE FL 32327		Mailing Address 198 EDGAR POOLE RD. CRAWFORDVILLE FL 32327	
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 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 08/01/1994	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
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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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PERUGINI, CAROL	1.2 NAME	P/D BEATTY, MICHAEL
STREET ADDRESS	198 EDGAR POOLE RD	1.3 STREET ADDRESS	198 EDGAR POOLE ROAD
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD ANDERSON, DEBBIE	2.2 NAME	VP/D ANDERSON, DEBBIE
STREET ADDRESS	6192A LAUREL LN	2.3 STREET ADDRESS	6192A LAUREL LANE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD BEATTY, MICHAEL	3.2 NAME	MD BEATTY CHRISTINE
STREET ADDRESS	198 EDGAR POOLE RD	3.3 STREET ADDRESS	198 EDGAR POOLE RD
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST KEIL, TRICE	4.2 NAME	ST/D KEIL, TRICE
STREET ADDRESS	616 S 16 ST	4.3 STREET ADDRESS	13 DOUGLAS DRIVE
CITY-ST-ZIP	HERIN IL	4.4 CITY-ST-ZIP	HERIN, IL 62948
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KEIL, TRICE 6	5.2 NAME	T/D KUETHER, LYNDA
STREET ADDRESS	616 S. 16 STREET	5.3 STREET ADDRESS	13 DOUGLAS DRIVE
CITY-ST-ZIP	HERIN IL 62948	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	HERIN, IL
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Michael Beatty* **MICHAEL BEATTY** 2/28/98 850-926-8308

CR2E037 (10/97)