2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002883

Entity Name: SEACREST WOLF PRESERVE, INC.

FILED Feb 21, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3449 BON CHIPLEY,	NETT POND FL 32428	RD					
Current Mailing Address:				New Mailing Address:			
3449 BON CHIPLEY,	NETT POND FL 32428	RD					
FEI Number	: 59-3709419	FEI Number Applied For()	FEI Numi	ber Not Appl	icable ()	Certificate o	of Status Desired ()
Name and	Address of	Current Registered Agent:	:	Name and	Address of	New Regist	ered Agent:
3449 BON CHIPLEY,		US	_				
The above in the State	named entity e of Florida.	submits this statement for the	ne purpose of	changing if	ts registered	office or regi	stered agent, or both,
SIGNATUI	RE:						
	Electro	nic Signature of Registered	Agent			Da	te
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD (WATKINS, WA 3449 BONNET CHIPLEY, FL	T POND RD	1	Title: Name: Address: City-St-Zip:	() Change () A	Addition
Title: Name: Address: City-St-Zip:	DV (WATKINS, CY 3449 BONNET CHIPLEY, FL	T POND RD	l	Title: Name: Address: City-St-Zip:	() Change () A	Addition
Title: Name: Address: City-St-Zip:	,		1	Title: Name: Address: City-St-Zip:	() Change () A	Addition
Title: Name: Address: City-St-Zip:	D (WILSON, HEN 2427 FURGES CHIPLEY, FL	ON ROAD	1	Title: Name: Address: City-St-Zip:	D (WORLEY, CY 534 COLLINS HAVANA, FL	ROAD 1	Addition
Title: Name: Address: City-St-Zip:	D (WILSON, EVA 2427 FURGES CHIPLEY, FL	ON ROAD	l	Title: Name: Address: City-St-Zip:	D (SIEZEGA, JO 3559 PINE LO CHIPLEY, FL	OG ROAD	Addition
Title: Name: Address: City-St-Zip:	D (SIEZEGA, RHI 8728 LORY LA YOUNGSTOW	NE	1	Title: Name: Address: City-St-Zip:	D (SIEZEGA, RH 3559 PINE LO	OG ROAD	Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA E. WATKINS DV 02/21/2005