2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002883

Entity Name: SEACREST WOLF PRESERVE, INC.

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
3449 BONNETT POND RD CHIPLEY, FL 32428 US					
Current Mailing Address:			New Mailing Address:		
3449 BONN CHIPLEY, F	IETT POND RE FL 32428 US				
FEI Number: 5	59-3709419	FEI Number Applied For () FEI Num	nber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WATKINS, WILLIAM W 3449 BONNETT POND RD CHIPLEY, FL 32428 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E WATKINS, WAYN 3449 BONNETT F CHIPLEY, FL 32	POND RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () E WATKINS, CYNTI 3449 BONNETT F CHIPLEY, FL 32	POND RD	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WATKINS, CYNTHIA E 3449 BONNETT POND RD CHIPLEY, FL 32428	
Title: Name: Address: City-St-Zip:	CT () E LARRABEE, YVO 3572 VOSLER C PANAMA CITY, F	Γ	Title: Name: Address: City-St-Zip:	BM (X) Change () Addition LARRABEE, YVONNE M 3572 VOSLER CT PANAMA CITY, FL 32403	
Title: Name: Address: City-St-Zip:	D () E LARRABEE, DAV 3572 VOSLER C PANAMA CITY, F	Г	Title: Name: Address: City-St-Zip:	BM (X) Change () Addition LARRABEE, DAVID Q 3572 VOSLER CT PANAMA CITY, FL 32403	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition BODIE, RICK 7 RIDGE WAY NICEVILLE, FL 32578	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition BODIE, CINDY 7 RIDGE WAY NICEVILLE, FL 32578	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM W WATKINS PD 03/22/2007