

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765313 (2)
1. Corporation Name
"DING" DARLING WILDLIFE SOCIETY, INC.



Principal Place of Business C/O EDYTHE G. STOKES 1 WILDLIFE DR. SANIBEL FL 33957	Mailing Address C/O EDYTHE C. STOKES 1 WILDLIFE DR. SANIBEL FL 33957
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3. Date Incorporated or Qualified 10/06/1982	
4. FEI Number 59-2240895	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 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
**STOKES, EDYTHE C.
401 RAINTREE PLACE
SANIBEL FL 33957**

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLOOSTERMAN, MARILYN	
STREET ADDRESS	1856 ARDSLEY WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRIVAL, MOLLY	
STREET ADDRESS	736 DURION COURT	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RANKIN, JEANNE	
STREET ADDRESS	1986 WILD LIME DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	HOOPER, MARILYN	
STREET ADDRESS	8280 LADYFINGER LAKE ROAD	
CITY-ST-ZIP	SANIBEL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEIDORN, DONALD	
STREET ADDRESS	5514 SW 11 AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HULT, DICK	
STREET ADDRESS	3429 WEST GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ass't T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kloosterman, Marilyn	
1.3 STREET ADDRESS	1856 Ardsley Way	
1.4 CITY-ST-ZIP	Sanibel FL	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ingham, Pete	
2.3 STREET ADDRESS	518 North Yachtsman Drive	
2.4 CITY-ST-ZIP	Sanibel FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____

CR2E037 (10/97)