2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765313

Entity Name: "DING" DARLING WILDLIFE SOCIETY, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O GARY OGDEN 1 WILDLIFE DR. SANIBEL, FL 33957 **New Mailing Address: Current Mailing Address:** C/O GARY OGDEN 1 WILDLIFE DR. SANIBEL, FL 33957 FEI Number: 59-2240895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIGHTNER, SHARRON K 19398 ORCHIDTREE COURT LEHIGH ACRES, FL 33936 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: (X) Change () Addition () Delete KLOOSTERMAN, MARILYN, KLOOSTERMAN, MARILYN, Name: Name: Address: 1856 ARDSLEY WAY Address: 1856 ARDSLEY WAY City-St-Zip: SANIBEL, FL City-St-Zip: SANIBEL, FL Title: Title: () Delete () Change () Addition Name: KRIVAL, ART Name: Address: 736 DURION COURT Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: () Delete Title: (X) Change () Addition RANKIN, JEANNE Name: RANKIN, JEANNE Name: 1986 WILD LIME DRIVE 1986 WILD LIME DRIVE Address: Address: City-St-Zip: SANIBEL, FL City-St-Zip: SANIBEL, FL Title: TD () Delete Title: PD (X) Change () Addition Name: HOOPER, MARILYN Name: CUSCADEN, MICHAEL 5280 LADYFINGER LAKE ROAD 923 PEPPERTREE PLACE Address: Address: City-St-Zip: SANIBEL, FL City-St-Zip: SANIBEL, FL Title: SD () Delete Title: () Change () Addition HEIDORN, DONALD Name: Name: 5514 SW 11 AVE Address: Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: Title: () Delete Title: () Change () Addition HULIT. DICK Name: Name: Address: 3429 WEST GULF DRIVE Address: SANIBEL, FL City-St-Zip: City-St-Zip:

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: MICHAEL CUSCADEN PD 04/15/2004