

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765313

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O GARY OGDEN  
1 WILDLIFE DR.  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY OGDEN  
1 WILDLIFE DR.  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 59-2240895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OGDEN, GARY  
2366 E MALL DR  
FORT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

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:**

Title: P      ( ) Delete  
Name: CASSELL, SUSAN PRES  
Address: 2385 WULFERT RD  
City-St-Zip: SANIBEL, FL 33957

Title: D      ( ) Delete  
Name: SCOTT, JIM V P  
Address: 5117 SEA BELL RD, UNIT C-201  
City-St-Zip: SANIBEL, FL 33957

Title: TD      ( ) Delete  
Name: ALBERT, CRAIG TRES  
Address: 1201 SANDCASTE RD.  
City-St-Zip: SANIBEL, FL 33957

Title: S      ( ) Delete  
Name: BALDWIN, THERESA  
Address: 1555 SAND CASTLE RD  
City-St-Zip: SANIBEL, FL 33957

Title: D      ( ) Delete  
Name: LESCH, DONALD  
Address: 920 BEACH RD  
City-St-Zip: SANIBEL, FL 33957

Title: D      ( ) Delete  
Name: MCCABE, JOHN  
Address: 2688 COCONUT  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY OGDEN

Electronic Signature of Signing Officer or Director

OFFI

04/14/2009

Date