


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000003231	
<b>1. Entity Name</b> NDM FERRET RESCUE & SANCTUARY, INC.	

<b>Principal Place of Business</b> 12105 61ST LANE N ROYAL PALM BEACH, FL 33412	<b>Mailing Address</b> 1128 ROYAL PALM BEACH BLVD. PMB 473 WEST PALM BEACH, FL 33411-1683
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04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1009138	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  VILLAREALE, JOLENE 12105 61ST LANE N ROYAL PALM BEACH, FL 33412
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<b>DO NOT WRITE IN THIS SPACE</b>
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**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000153150 05/04/04-80116-012 70.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	VPD
<b>NAME</b>	VILLAREALE, J.MICHELE
<b>STREET ADDRESS</b>	12105 61ST LANE NORTH
<b>CITY-ST-ZIP</b>	ROYAL PALM BEACH, FL 33412
<b>TITLE</b>	D
<b>NAME</b>	RILEY, CARIN
<b>STREET ADDRESS</b>	6495 NW 62ND TERRACE
<b>CITY-ST-ZIP</b>	PARKLAND, FL 33067
<b>TITLE</b>	D
<b>NAME</b>	MICHAELS, DONA
<b>STREET ADDRESS</b>	4861 NE 7TH AVENUE
<b>CITY-ST-ZIP</b>	OAKLAND PARK, FL 33334
<b>TITLE</b>	D
<b>NAME</b>	MARTIN, SCOTT G DR
<b>STREET ADDRESS</b>	1471 FULSOM RD
<b>CITY-ST-ZIP</b>	LOXAHATCHEE, FL 33470
<b>TITLE</b>	P
<b>NAME</b>	HISCOCK, JONENE A
<b>STREET ADDRESS</b>	12105 61ST LANE NORTH
<b>CITY-ST-ZIP</b>	ROYAL PALM BEACH, FL 33412
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jolene Michele Villareale **JOLENE MICHELE VILLAREALE** **4/30/04** **564-784-9453**