

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006552

FILED
Apr 08, 2005
Secretary of State

Entity Name: SURVIVAL OUTREACH SANCTUARY FOR WILDLIFE, INC.

Current Principal Place of Business:

22005 BOWMAN ROAD
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

22005 BOWMAN ROAD
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 59-3682065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKINNEY, JONATHAN
22005 BOWMAN ROAD
SPRING HILL, FL 34610 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: D () Delete
Name: WATSON, JUDITH C
Address: 22005 BOWMAN ROAD
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: FERNANDEZ, SYLVIA A
Address: 345 SOMERSET AVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: MCKINNEY, JOHNATHAN
Address: 22005 BOWMAN ROAD
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: MURPHY, SHIRLEY
Address: 2765 FOXHALL DR. E
City-St-Zip: WEST PALM BEACH, FL 33417

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:

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: JUDITH C WATSON

D

04/08/2005

Electronic Signature of Signing Officer or Director

Date