

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006552

FILED  
Apr 30, 2009  
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 ( )**

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

WATSON, JUDITH  
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: MURPHY, SHIRLEY  
Address: 1509 SHIRLEY COURT  
City-St-Zip: LAKE WORTH, FL 33461

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

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

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

Title: D (X) Change ( ) Addition  
Name: MURPHY, SHIRLEY  
Address: 230 COLUMBIA  
City-St-Zip: LAKE WORTH, FL 33460

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: JUDITH C WATSON

OFF

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date