

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000006824

1. Entity Name

JUNGRALA' WILDLIFE SANCTUARY, INC.



FILED

05 FEB -9 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1670 N.W. 72 CT.  
GILCHRIST CO.  
BELL FL 32619

Mailing Address

P.O. BOX 65  
GILCHRIST CO.  
BELL FL 32619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten signature]*



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2521317

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SUSAN H  
1670 N.W. 72 COURT  
BELL FL 32619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, SUSAN H	
STREET ADDRESS	1670 N.W. 72 CT.	
CITY-ST-ZIP	BELL FL 32619	
TITLE	V	<input type="checkbox"/> Delete
NAME	CATES, GRODON	
STREET ADDRESS	24605 N. CR 1491	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARRETT, ALLAN	
STREET ADDRESS	1670 N.W. 72 CT.	
CITY-ST-ZIP	BELL FL 32619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOGG, JASON D	
STREET ADDRESS	1692 NW 72 COURT, #223	
CITY-ST-ZIP	BELL FL 32619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900046654609
CITY-ST-ZIP	02/15/05--01052--003 **70.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-05

Date

352-463-7243

Daytime Phone #