

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000412

FILED
Apr 01, 2005
Secretary of State

Entity Name: SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

Current Principal Place of Business:

1161 27TH STREET SOUTHWEST
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

1161 27TH STREET SOUTHWEST
NAPLES, FL 34117

New Mailing Address:

FEI Number: 59-3691867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: SMITH, NANCY J
Address: 1161 27TH STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

Title: VED () Delete
Name: KLOMAN, MICHAEL
Address: 1161 27TH STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

Title: DS () Delete
Name: DEPPEN, DEANNA
Address: 1161 27TH STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

Title: D (X) Delete
Name: PARKER, DANA
Address: 1161 27TH STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

Title: DT (X) Delete
Name: RYBA, WENDI
Address: 1161 27 STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: SUDOR, RENEE
Address: 1161 27 STREET SOUTHWEST
City-St-Zip: NAPLES, FL 34117

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 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: MICHAEL KLOMAN

VED

04/01/2005

Electronic Signature of Signing Officer or Director

Date