2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001445

FILED Apr 29, 2005 Secretary of State

Entity Na	me: BISON S	SPRINGS WILDLIFE RESCUE	& REHABILITATION, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
562 BISON WHITE SF	NCT PRINGS, FL 3	32096			
Current Mailing Address:			New Mailing Address:		
DIANE MA P O BOX LUTZ, FL	1215				
FEI Number	: 59-3756056	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MASK, SH 1107 HWY SEFFNER		US			
	named entity of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD (MASK, SHARO 1107 US HWY SEFFNER, FL	′ 92 W	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BAKER, HELE 562 BISON C		Title: Name:	() Change () Addition	
			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: SHARON D. MASK TD 04/29/2005