2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N01000001445

Entity Name: BISON SPRINGS WILDLIFE RESCUE & REHABILITATION, INC.

Current Principal Place of Business:

562 BISON CT
WHITE SPRINGS, FL 32096

New Principal Place of Business:

10380 DEER RUN FARM RD
FT MYERS, FL 33912

Current Mailing Address:

DIANE MASK
P O BOX 1215
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3756056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASK, SHARON D
1107 HWY. 92 W
SEFFNER, FL 33584 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: TD ( ) Delete
Name: MASK, SHARON D
Address: 1107 US HWY 92 W
City-St-Zip: SEFFNER, FL 33584

Title: PSD ( ) Delete
Name: BAKER, HELEN P
Address: 562 BISON CT NW
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VD ( ) Delete
Name: BUCKLEY, WILLIAM E III
Address: 5109 PANTHER DR
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PSD (X) Change ( ) Addition
Name: FRENCH, DENISE D
Address: 10380 DEER RUN FARM RD.
City-St-Zip: FT MYERS, FL 33912

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 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: SHARON DIANE MASK TD 05/01/2006
Electronic Signature of Signing Officer or Director — Date