

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000547

FILED
Mar 24, 2008
Secretary of State

Entity Name: CAPE CORAL FRIENDS OF WILDLIFE, INC.

Current Principal Place of Business:

310 SE 29TH TERRACE
CAPE CORAL, FL 33904

New Principal Place of Business:

2522 SW 35 LANE
CAPE CORAL, FL 33914

Current Mailing Address:

310 SE 29TH TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

2522 SW 35 LANE
CAPE CORAL, FL 33914

FEI Number: 06-1694487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKES, RALF
1721 S E 39TH STREET
CAPE CORAL, FL 33904 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: PD () Delete
Name: ORCHIN, MICHAEL D
Address: 310 SE 29TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: DELUCA, FRANK
Address: 2610 S W 36TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: BALDWIN, SUE
Address: 1201 SE 14TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: SD () Delete
Name: ORCHIN, KATHLEEN
Address: 310 SE 29TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DONALDSON, PASCHA S
Address: 2522 SW 35TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: TD (X) Change () Addition
Name: ALLEN, THOMAS J
Address: 2120 SW 8TH COURT
City-St-Zip: CAPE CORAL, FL 33991

Title: VD (X) Change () Addition
Name: SALCEDO, ARLYNE
Address: 115 SW 51ST TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: SD (X) Change () Addition
Name: PORRECA, SUE
Address: 3209 SW 4TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

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: PASCHA DONALDSON

PRES

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date