

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90040 011 ****70.00

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1. Entity Name
**SPACE COAST WILDLIFE RESEARCH & LEARNING
CENTER, INC.**



Principal Place of Business

**4560 N US HIGHWAY 1
MELBOURNE, FL 32935**

Mailing Address

**4560 N US HIGHWAY 1
MELBOURNE, FL 32935**

DO NOT WRITE IN THIS SPACE



03162004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3756502

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTNER, GARY
3039 SWEET PINE DR
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MEDERER, HYTA
4560 N US HIGHWAY 1
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SMALL, SUE
4560 N US HIGHWAY 1
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
OLEJARSKI, EILEEN
4560 N US HIGHWAY 1
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CASTNER, GARY
4560 N US HIGHWAY 1
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Darryl Castner **GARY CASTNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/2004 **321 254 8843**