


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # N02000001008 1. Entity Name SPACE COAST WILDLIFE RESEARCH & LEARNING CENTER, INC.	
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02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3756502	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent CASTNER, GARY 3039 SWEET PINE DR MELBOURNE, FL 32935

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, 2007**

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	

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02/14/07-80025-014 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: GARY CASTNER GARY CASTNER 2/1/07 321-254-8843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #