


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # N02823 (5)											
1. Corporation Name WILD ANIMAL RETIREMENT VILLAGE, INC.											
Principal Place of Business STAR ROUTE, BOX 800 WALDO FL 32694		Mailing Address STAR ROUTE, BOX 800 WALDO FL 32694-9741									
2. Date of Incorporation or Qualification 04/30/1984		3a. Date of Last Report 04/24/1996									
4. FEI Number 59-2409387		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
21. City & State WALDO FL		22. City & State WALDO FL									
23. Zip 32694		24. Zip 32694									
25. Country USA		26. Country USA									
9. Name and Address of Current Registered Agent HOLLIN, DR. HARRY 229 SW 43RD TERRACE GAINESVILLE FL 32607		10. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>81. Name</td><td></td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr> <tr><td>83. City</td><td></td></tr> <tr><td>84. Zip Code</td><td>FL</td></tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. Zip Code	FL
81. Name											
82. Street Address (P.O. Box Number is Not Acceptable)											
83. City											
84. Zip Code	FL										
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHULER, MR. EUGENE M. STAR ROUTE, BOX 800 WALDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHULER, FRANCES L. STAR ROUTE, BOX 800 WALDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARTRON, RICHARD R. 4418 NW 27 TERR GAINESVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	STD SANDRA KISTNER 1092 Wyndham Way SAFETY HARBOR, FL 34695 <input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLEDA, MRS. CARLA 3842 SUGAR LANE SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLIN, DR. HARRY 229 SW 43RD TERRACE GAINESVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINNEBUSCH, MR. MARK 3669 NW 23RD AVENUE GAINESVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.											
SIGNATURE: _____ (Signature of Frances L. Schuler) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-14-97 Daytime Phone 352-468-1953											

CR2E037 (9/96)