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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02823

1. Corporation Name

WILD ANIMAL RETIREMENT VILLAGE, INC.

Principal Place of Business

8901 N.E. HWY 301  
WALDO FL 32694  
US

Mailing Address

STAR ROUTE, BOX 800  
WALDO FL 32694



2. Principal Place of Business

21 8901 N.E. Hwy 301

Suite, Apt. #, etc.

22 City & State

23 Waldo FL

24 Zip Country

32694

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Waldo FL

29 Zip Country

30

3. Date Incorporated or Qualified

04/30/1984

4. FEI Number

59-2409387

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HOLLIER, DR. HARRY  
229 SW 43RD TERRACE  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHULER, MR. EUGENE M.  
STREET ADDRESS STAR ROUTE, BOX 800  
CITY-ST-ZIP WALDO FL 32694

TITLE VD  
NAME SCHULER, FRANCES L.  
STREET ADDRESS STAR ROUTE, BOX 800  
CITY-ST-ZIP WALDO FL 32694

TITLE STD  
NAME KISTNER, SANDRA  
STREET ADDRESS 1022 WYNDHAM WAY  
CITY-ST-ZIP SAFTEY HARBOR FL

TITLE D  
NAME WALLEDA, MRS. CARLA  
STREET ADDRESS 3842 SUGAR LANE  
CITY-ST-ZIP SARASOTA FL

TITLE D  
NAME HOLLIER, DR. HARRY  
STREET ADDRESS 229 SW 43RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE D  
NAME HINNEBUSCH, MR. MARK  
STREET ADDRESS 3669 NW 23RD AVENUE  
CITY-ST-ZIP GAINESVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-99

Date

352-468-1953

Daytime Phone #

CR2E037 (11/98)