

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02823

1. Entity Name

WILD ANIMAL RETIREMENT VILLAGE, INC.



FILED
Sep 03, 2008 08:00 AM
Secretary of State



Principal Place of Business

8901 NE HWY 301
WALDO FL 32694
US

Mailing Address

STAR ROUTE, BOX 800
WALDO FL 32694

2. Principal Place of Business - No P.O. Box #

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

59-2409387

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHULER, MR.EUGENE M. ☐ Delete
STREET ADDRESS 8901 NE HWY 301
CITY-ST-ZIP WALDO FL

TITLE VD
NAME SCHULER, FRANCES L. ☐ Delete
STREET ADDRESS 8901 NE HWY 301
CITY-ST-ZIP WALDO FL

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000958935
09/03/08-80009-022 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

[Signature]

8-28-08 352 468 1953