2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# N03000005273

Entity Name: RAVEN OAKS RAPTOR SANCTUARY, INC.

Current Principal Place of Business:

4508 SPRING RD
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4508 SPRING RD
VALRICO, FL 33594

New Mailing Address:

FEI Number: 86-1066353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACA, DEBRA
4508 SPRING RD
VALRICO, FL 33594

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BACA, DEBRA
Address: 4508 SPRING RD
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: BACA, YVELVIN
Address: 4508 SPRING RD
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete
Name: DAVIS, TORI
Address: 7128 COLONIAL LAKE
City-St-Zip: RIVERVIEW, FL 33509

Title: D ( ) Delete
Name: RAMM, DR
Address: 270 WINDHAM WAY
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BACA, MELVIN
Address: 4508 SPRING RD
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA BACA PD 04/12/2004

Electronic Signature of Signing Officer or Director — Date