

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000006713

1. Entity Name
THE FERRET & DOVE SANCTUARY INC.



Principal Place of Business

**3815 TOM LANE DR
PENSACOLA, FL 32504**

Mailing Address

**3815 TOM LANE DR
PENSACOLA, FL 32504**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0194438

Applied For
☒ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HURLEY, WESLEY M
3815 TOM LANE DR
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

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	P
NAME	HURLEY, WESLEY M
STREET ADDRESS	3815 TOM LANE DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	V
NAME	LEE, SUSAN J
STREET ADDRESS	3815 TOM LANE DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	ST
NAME	FREED, ALBERT
STREET ADDRESS	1312 DOG TRACK RD
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/07-80075-006 70.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Albert Freed V.P. / Susan J. Lee, Vice Pres. 01-03-06
850-476-0780