

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008524

FILED
Aug 10, 2006
Secretary of State

Entity Name: ELMIRA'S WILDLIFE SANTUARY INC.

Current Principal Place of Business:

1616 LIGHTFOOT RD
WIMAUMA, FL 33598

New Principal Place of Business:

2502 WEST LAKE DR.
WIMAUMA, FL 33598

Current Mailing Address:

1616 LIGHTFOOT RD
WIMAUMA, FL 33598

New Mailing Address:

PO BOX 77484
TAMPA, FL 33675

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS () Change (X) Addition
Name: GREENWOOD, ROBIN T
Address: 1616 LIGHTFOOT RD.
City-St-Zip: WIMAUMA, FL 33598

Title: MS () Change (X) Addition
Name: KAPRIVE, DEBRA
Address: 4846 SUN CITY CTR BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MS () Change (X) Addition
Name: DUCKETT, DAWN
Address: 4000 LEILA AVE.
City-St-Zip: TAMPA, FL 33616

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBIN T GREENWOOD

MS

08/10/2006

Electronic Signature of Signing Officer or Director

Date