## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008524

Entity Name: FLMIRA'S WILDLIFF SANTLIARY IN

FILED May 07, 2007 Secretary of State

Entity Nar	me: ELMIRA'S WILDLIFE SANTUARY INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	ST LAKE DR. A, FL 33598			
Current Mailing Address:		New Maili	New Mailing Address:	
PO BOX 7° TAMPA, FI				
In accordan	: 20-3338451 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
1203 GOV SUITE 101	S FILINGS INCORPORATED ERNOR'S SQUARE BLVD SSEE, FL 323012960 US			
	named entity submits this statement for the $\mu$ e of Florida.	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MS ( ) Delete GREENWOOD, ROBIN T 1616 LIGHTFOOT RD. WIMAUMA, FL 33598	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MS ( ) Delete KAPRIVE, DEBRA 4846 SUN CITY CTR BLVD. SUN CITY CENTER, FL 33573	Title: Name: Address: City-St-Zip:	MS (X) Change ( ) Addition KAPRIVE, DEBRA 13855 SEMINOLE BLVD. PARRISH, FL 34219	
Title: Name: Address: City-St-Zip:	MS ( ) Delete DUCKETT, DAWN 4000 LEILA AVE. TAMPA, FL 33616	Title: Name: Address: City-St-Zip:	MS (X) Change ( ) Addition DUCKETT, DAWN 3437 OAKWOOD DR. WIMAUMA, FL 33598 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	MS ( ) Change (X) Addition RUDDEFORTH, ANDREA 18001 S. US 301 WIMAUMA, FL 33587 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	MS ( ) Change (X) Addition WILLIAMSON, DARLENE 5112 BONITA DR. WIMAUMA, FL 33598 US	

I hereby certify that the information supplied with this filing does not qualify 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 PRES 05/07/2007