

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007299

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** SAFARI WILD CONSERVATION FOUNDATION, INC.

**Current Principal Place of Business:**

10850 MOORE RD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

38650 MICKLER RD  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 26-0590529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALISBURY, CHARLES A  
38650 MICKLER RD  
DADE CITY, FL 33523 US

**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: D ( ) Delete  
Name: SALISBURY, CHARLES A  
Address: 38650 MICKLER RD  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: WEHRMANN, STEPHEN L DVM  
Address: 1099 MARCO DR NE  
City-St-Zip: ST PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: GABREMARIAM, FASSIL  
Address: 3507 BAYSHORE BLVD SUITE 901  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SEAMON, MERLIN E  
Address: 29 OSCAR HILL RD.  
City-St-Zip: TARPON SPRINGS, FL 34689

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: STEPHEN L WEHRMANN

D

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date