


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # N22140 (0)</b>
1. Corporation Name <b>WILDLIFE IN NEED, INC.</b>

Principal Place of Business <b>5211 SOUTH QUINCY STREET C/O RAYMOND J. MOORE TAMPA FL 33611</b>	Mailing Address <b>5211 SOUTH QUINCY STREET C/O RAYMOND J. MOORE TAMPA FL 33611</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>08/20/1987</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>59-2860146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOORE, RAYMOND J. 5211 SOUTH QUINCY STREET TAMPA FL 33611</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MOORE, RAYMOND J.</b>
STREET ADDRESS	<b>5211 S. QUINCY ST.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MOORE, FREDRICK T</b>
STREET ADDRESS	<b>5211 S. QUINCY STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33611</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>RYAN, VICTOR F.</b>
STREET ADDRESS	<b>5211 S. QUINCY STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>FULLEN, EVELYN</b>
STREET ADDRESS	<b>5211 S. QUINCY ST. Quincy St</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PHIEL, BRYANT</b>
STREET ADDRESS	<b>4811 10TH AVENUE, SOUTH</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHRIS MYERS</b>
STREET ADDRESS	<b>P. O. BOX 381</b>
CITY-ST-ZIP	<b>MADISON LAKE MN</b> <b>N/A</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

CP2E037 (4/97)