

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23813 (1)

1. Corporation Name

TAMPA BAY WILDLIFE FEDERATION, INC.

Principal Place of Business

Mailing Address

P O BOX 21412  
TAMPA FL 33622-8412P O BOX 21412  
TAMPA FL 33622-1412

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/10/1987

3a. Date of Last Report

02/09/1996

4. FEI Number

59-2885572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	PD	<input type="checkbox"/> DELETE
NAME	THORNHILL, LARRY E.	
STREET ADDRESS	1104 BRISTOLWOOD ST	
CITY-ST-ZIP	BRANDON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLAR, JODY	
STREET ADDRESS	3823 SAN LUIS STREET	
CITY-ST-ZIP	TAMPA FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	FERLITA, JOHN	
STREET ADDRESS	4815 RIVERSHOR DRIVE	
CITY-ST-ZIP	LUTZ FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKE, WILLIAM SR.	
STREET ADDRESS	PO BOX 9066	
CITY-ST-ZIP	TAMPA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALKER, CHARLES R.	
STREET ADDRESS	6240 105TH TERR NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, TOM J., JR.	
STREET ADDRESS	3323 CYPRESS ST.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N/A
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	N/A

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N/A
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	N/A

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	N/A
3.3 STREET ADDRESS	N/A
3.4 CITY-ST-ZIP	N/A

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	N/A
4.3 STREET ADDRESS	N/A
4.4 CITY-ST-ZIP	N/A

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	N/A
5.3 STREET ADDRESS	N/A
5.4 CITY-ST-ZIP	N/A

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	N/A
6.3 STREET ADDRESS	N/A
6.4 CITY-ST-ZIP	N/A

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Walker

1-28-97 813 546-7257

Date

Daytime Phone # 0048592

CR2E037 (9/96)