

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25010

**FILED**  
**Jan 16, 2004**  
**Secretary of State****Entity Name:** THE HUMANE ASSOCIATION OF WILDLIFE CARE AND EDUCATION, INC.**Current Principal Place of Business:**C/O SAMUEL STAGE  
5285 ST AMBROSE CHURCH ROAD  
ELKTON, FL 32033**New Principal Place of Business:****Current Mailing Address:**C/O SAMUEL STAGE  
5285 ST AMBROSE CHURCH ROAD  
ELKTON, FL 32033**New Mailing Address:****FEI Number:** 59-2930837      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STAGE, SAMUEL  
5285 ST AMBROSE CHURCH ROAD  
ELKTON, FL 32033      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:** PD      ( ) Delete  
**Name:** STAGE, MELANIE CAIN,  
**Address:** 5285 ST AMBROSE CHURCH  
**City-St-Zip:** ELKTON, FL 32033**Title:** O      ( ) Delete  
**Name:** STAGE, SAMUEL,  
**Address:** 5285 ST AMBROSE CHURCH  
**City-St-Zip:** ELKTON, FL 32033**Title:** STD      ( ) Delete  
**Name:** HUNSWORTH, MARION  
**Address:** 940 LEW BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32084**Title:** D      ( ) Delete  
**Name:** HOPKINS, KATHERINE  
**Address:** 5575 DON MANUEL RD  
**City-St-Zip:** ELKTON, FL 32033**Title:** TD      ( ) Delete  
**Name:** KIRKLAND, ROBERTA  
**Address:** 1875 CR 13-A  
**City-St-Zip:** ELKTON, FL 32033**Title:** VP      ( ) Delete  
**Name:** WEISS, PATTY  
**Address:** 1875 CR 135  
**City-St-Zip:** ELKTON, FL 32033**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** O      (X) Change ( ) Addition  
**Name:** HUNSWORTH, MARION  
**Address:** 940 LEW BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32084**Title:** STW      (X) Change ( ) Addition  
**Name:** HOPKINS, KATHERINE  
**Address:** 5575 DON MANUEL RD  
**City-St-Zip:** ELKTON, FL 32033**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MELANIE CAIN-STAGE

PD

01/16/2004

Electronic Signature of Signing Officer or Director

Date