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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

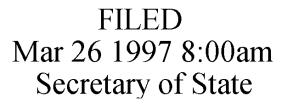
DOCUMENT #

(2)

ST. JOHNS WILDLIFE CARE, INC.

Principal	Place	of	Business

Mailing Address





%100 ARRICOLA AVENUE ST. AUGUSTINE FL 32084		%100 ARRICOLA AVENUE ST. AUGUSTINE FL 32084						
					ļ	3. Date incorporated or Qualified 02/26/1988	3a. Date of L 04/3	est Report 0/1996
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number 59-2886314	<u> </u>	Applied For
21		26				38-2000314		Not Applicable
Suite, Apt.		Suite, Ap	·			5. Certificate of Status Desired	1 1 7 -	.75 Additional see Regulred
City & State	3	City & Sta	ate			6. Election Campaign Financing		.00 May Be
23] Zip	Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Country		Trust Fund Contribution		dded to Fees
24	25	29	30	Joanny		This corporation has liability for Florida Statutes	Yes No	.0er 8. 199.032,
	9. Name and Address of Cur					10. Name and Address of New Re		
THREE (MAN, WILLIAM P. PALM ROW BUSTINE FL 32084				me eet Addres	s (P.O. Box Number is Not Acceptal	ole)	
				84 Cit	у		FI 85	Zip Code
11. Pursuant to office or reagent. I ar	to the provisions of Sections 617.0 egistered agent, or both, in the St m familiar with, and accept the ob-	0502 and 617.1508, F ate of Florida. Such o oligations of, Section (torida Statutes, the hange was author 517.0503, Florida S	e above-nar ized by the Statutes.	ned corpor corporation	ation submits this statement for the policy board of directors. I hereby acce	ourpose of chang of the appointment	jing its registered int as registered
SIGNATURE	Signature, typed or printed name of registered							
12.		AND DIRECTORS		itereo Agent sigi I 3.	nature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATÉ CERS AND DIRE	CTORS IN 12
TITLE	D			.1 TITLE	T	700111010901111101011011111	Cr	
NAME	MARSH, STEVE		1	.2 NAME				
STREET ADDRESS	3098G C.R. 13-A N.		1	.3 STREET ADDR	ESS			
CITY-ST-ZIP	ST. AUGUSTINE FL		1	.4 CITY - ST-ZIP	ĺ		•	
TITLE	D		DELETE 2	.1 TITLE			☐ Ct	nange 🔲 Addition
NAME	Barnard, Nancy		2	.2 NAME	ļ			
STREET ADDRESS	2884 KINGS ROAD		2	3 STREET ADDR	ess	٠.		
CITY-ST-ZIP	ST. AUGUSTINE FL			. 4 CITY-ST-ZIF				
TITLE	D	L.	_	I.1 TITLE	ļ		☐ CH	nange Addition
NAME	SCHMIDT, FRED			1.2 NAME				
STREET ADDRESS	706 ASTURIAS ST.			3 STREET ADDR				
CITY-ST-ZIP	ST. AUGUSTINE FL	- Г		I.4. CITY - ST - ZIF I.1 TITLE	·		Cr	nange Addition
NAME	SOLANA, SALLY	L.		. 1 TILE I. 2 NAME				
STREET ADDRESS	309 SE FOX RD			i. 2 name I.3 street adda	E66			
CITY-ST-ZIP	ST. AUGUSTINE FL			i.3 street addr i.4 city-st-zip	1			
TITLE	D D			.1 TITLE		·····	☐ CH	nange Addition
NAME	FLEMING, BEVERLY			2 NAME				
STREET ADDRESS	HWY 13			.3 STREET ADDR	ess			
CITY-ST-ZIP	ORANGEDALE FL			i.4 CITY-ST-ZIP				
TITLE		T.	7	.1 TITLE				nange
NAME			6	.2 NAME				
STREET ADDRESS			6	3.3 STREET ADDR	ESS			
CITY-ST-ZIP				i.4 CITY-ST-ZIP	ľ			
1.1 Ldo basak		aliad with this filing de				Castles 440 07/20// Clastels Castlete	a 1 f. mala a a a a stiff	. 46-44-4

now nereby certify that the information supplied with this filling 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.

824-2881 X12