

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N25053

1. Entity Name
ST. JOHNS WILDLIFE CARE, INC.



Principal Place of Business
**5705 C.R. 208
SAINT AUGUSTINE, FL 32092**

Mailing Address
**%100 ARRICOLA AVENUE
ST. AUGUSTINE, FL 32080-4515**



04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2886314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNARD, NANCY J
100 ARRICOLA AVE
SAINT AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000326511
04/23/05-80058-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNARD, NANCY
STREET ADDRESS	2884 KINGS ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	INMAN, RANDALL
STREET ADDRESS	5705 CR 208
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	DP
NAME	INMAN, KAREN
STREET ADDRESS	5706 C R 208
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	DV
NAME	STAUBER, EVELYN
STREET ADDRESS	5155 AVE B
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	DS
NAME	GERALDINE, ROOKS
STREET ADDRESS	102 BERMUDA CT.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Barnard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 904-824-2881
Date Daytime Phone #