

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40356

FILED
Feb 20, 2007
Secretary of State

Entity Name: GOOSE CREEK WILDLIFE SANCTUARY, INC.

Current Principal Place of Business:

1017 SUMMERBROOKE DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1017 SUMMERBROOKE DR.
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3039014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MARK ESQ.
245 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 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: DP () Delete
Name: BECK, MARGARET
Address: 830 WATTS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP () Delete
Name: HARPER, JEAN
Address: 1218 WAVERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT () Delete
Name: MAY, SUSAN
Address: 1017 SUMMERBROOKE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: GOODHEART, NANCY
Address: 4136 HENIARD DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: DM () Delete
Name: LEVINE, MARK S
Address: 245 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: LEWIS, GERALD
Address: 245 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 Chapter 119, 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: SUSAN MAY

DT

02/20/2007

Electronic Signature of Signing Officer or Director

Date