

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2007
Secretary of State**

DOCUMENT# N42228

Entity Name: THE FRIENDS OF HOMOSASSA SPRINGS WILDLIFE PARK, INC.

Current Principal Place of Business:

HOMOSASSA SPRINGS STATE WILDLIFE PARK
4150 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

HOMOSASSA SPRINGS STATE WILDLIFE PARK
4150 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3078456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANEUF, LEO J
10415 FAIRCHILD RD
SPRING HILL, FL 34608 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: DT () Delete
Name: PERKO, BILL
Address: P.O. BOX 646
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: SHEARIN, LARRY
Address: 8 PLUM COURT
City-St-Zip: HOMOSASSA SPRINGS, FL 34446

Title: DP () Delete
Name: FANEUF, LEO
Address: 10405 FAIRCHILD RD
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: SCOTT, CHESTER
Address: 131 W HOLLYFERN PLACE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DS () Delete
Name: SCHULLTZ, EILEEN
Address: 11 FIG COURT EAST
City-St-Zip: HOMOSASSA, FL 34446

Title: DVP () Delete
Name: LOWE, MARK
Address: 4250 SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FANEUF, LEO
Address: 10405 FAIRCHILD RD
City-St-Zip: SPRING HILL, FL 34608

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

Title: DP (X) Change () Addition
Name: SCHULLTZ, EILEEN
Address: 11 FIG COURT EAST
City-St-Zip: HOMOSASSA, FL 34446

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: BILL PERKO

DT

02/07/2007

Electronic Signature of Signing Officer or Director

Date