

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43214

FILED
May 14, 2004
Secretary of State**Entity Name:** HELPING OUR WILDLIFE, INC.**Current Principal Place of Business:**6555 EMERALD FOREST DR
MILTON, FL 32570 US**New Principal Place of Business:**5613 HEATHER WAY
MILTON, FL 32570 US**Current Mailing Address:**6555 EMERALD FOREST DRIVE
MILTON, FL 32570 US**New Mailing Address:**5613 HEATHER WAY
MILTON, FL 32570 US**FEI Number:** 59-3051434**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLEVENGER, PAIGE A.
6555 EMERALD FOREST DRIVE
MILTON, FL 32570 US**Name and Address of New Registered Agent:**CLEVENGER, PAIGE A PD
5613 HEATHER WAY
MILTON, FL 32570 US

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: PAIGE A. CLEVINGER

05/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: CLEVINGER, PAIGE A.
Address: 6555 EMERALD FOREST DRIVE
City-St-Zip: MILTON, FL 32570**Title:** DTS () Delete
Name: NOEL, VIRGINIA E.
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570**Title:** VD () Delete
Name: CLIFTON, TONI L.
Address: 7264 HAMPTON HILLS
City-St-Zip: NEW ALBANY, OH 43054**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: CLEVINGER, PAIGE A PD
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570**Title:** DTS (X) Change () Addition
Name: NOEL, VIRGINIA E DTS
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570**Title:** VD (X) Change () Addition
Name: CLIFTON, TONI L VD
Address: 7264 HAMPTON HILLS
City-St-Zip: NEW ALBANY, OH 43054

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: PAIGE A. CLEVINGER

PD

05/14/2004

Electronic Signature of Signing Officer or Director

Date