

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43523 (2)

1. Corporation Name

CHIMFUNSHI WILDLIFE ORPHANAGE, INC.



Principal Place of Business

13297 PROVENCE DR.
PALM BCH GARDENS FL 33410
US

Mailing Address

PO BOX 13003
NO PALM BCH FL 33408
US

3. Date Incorporated or Qualified
05/20/1991

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 4300 S. U.S. Hwy #1

26

4. FEI Number
65-0261499

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 203-312

27 Suite, Apt. #, etc.

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

23 City & State
Jupiter, Florida

28 City & State

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

24 Zip
33417

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAAB, LORRAINE STOUTD
13297 PROVENCE DR
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BOOSALES, BONNY J
STREET ADDRESS 13561 VERDE DR.
CITY-ST-ZIP PALM BCH. GARDENS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
900001744050
-03/15/96--01018--0018 Change ☐ Addition
***61.25

TITLE D ☐ DELETE
NAME NOON, CAROLE
STREET ADDRESS 6 PAXFORD LANE
CITY-ST-ZIP BOYNTON BCH. FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RAAB, LORRAINE STOUTD
STREET ADDRESS 13297 PROVENCE DR
CITY-ST-ZIP PALM BCH GARDENS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D Raab, Lorraine Stoutd
4300 S. U.S. Hwy #1, Suite 203-312
Jupiter, FL 33477 ☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME Laurie Downey
STREET ADDRESS 79 Ritz Cove
CITY-ST-ZIP Monarch Beach, CA 92629

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D Downey, Laurie
79 Ritz Cove
Monarch Beach, CA 92629 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Carole Noon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole Noon 1-24-96

Date

Daytime Phone #

407-361-7297

CR2E037 (12/95)