

FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43523** (2)

1. Corporation Name

CHIMFUNSHI WILDLIFE ORPHANAGE, INC.

Principal Place of Business

4300 S. U.S. HWY 1
SUITE 203-312
JUPITER FL 33477
US

Mailing Address

PO BOX 13003
NO PALM BCH FL 33408
US

2. Principal Place of Business

21 **22 SIMAKA ST.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **22 SIMAKA ST.**
Suite, Apt. #, etc.

City & State

23 **STUART, FLA**

Zip

24 **34996**

Country

25 **USA**

City & State

28 **STUART, FLA**

Zip

29 **34996**

Country

30 **USA**

9. Name and Address of Current Registered Agent

RAAB, LORRAINE STOUT
3732 S.E. STARBOARD LANE
STUART FL 34997

3. Date Incorporated or Qualified

05/20/1991

4. FEI Number

65-0261499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

RAAB, LORRAINE STOUT

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

22 SIMAKA ST.

83

84 City

STUART

FL

85 Zip Code

34996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, LAURIE	
STREET ADDRESS	79 RITZ COVE	
CITY-ST-ZIP	MONARCH BEACH CA 92629	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NOON, CAROLE	
STREET ADDRESS	6 PAXFORD LANE	
CITY-ST-ZIP	BOYNTON BCH. FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAAB, LORRAINE STOUT	
STREET ADDRESS	4300 S. U.S. HWY 1 SUITE 203-312	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	22 SIMAKA ST.
3.4 CITY-ST-ZIP	STUART, FLORIDA 34996 USA

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-98

5612583417

CR2E037 (10/97)