

FILE NOW: FILING FEE IS \$61.25

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Mar 10 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 # **N47324** (1)

1. Corporation Name

COONS' RUN WILDLIFE SANCTUARY, INC.



Principal Place of Business 1010 SANTA ROSA DR ROCKLEDGE FL 32955		Mailing Address 1010 SANTA ROSA DR ROCKLEDGE FL 32955		3. Date Incorporated or Qualified 02/14/1992
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3113076
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, WILLIAM J.
1010 SANTA ROSA DR
ROCKLEDGE FL 32955**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]*
Signature, typed or printed name of registered agent and title if applicable

3-3-98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, JANICE	1.2 NAME	David Kirchofer, DC
STREET ADDRESS	1010 SANTA ROSA DRIVE	1.3 STREET ADDRESS	6470 S. US Highway #1
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, WILLIAM	2.2 NAME	Leonard Gioia, MD
STREET ADDRESS	1010 SANTA ROSA DRIVE	2.3 STREET ADDRESS	255 Fortenberry Rd.
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	Merritt Is., FL 32962
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ELIZABETH	3.2 NAME	William Campbell
STREET ADDRESS	299 N. ATLANTIC AVE. #301	3.3 STREET ADDRESS	1010 Santa Rosa Drive
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWES, JONATHAN E JR.	4.2 NAME	
STREET ADDRESS	P.O. BOX 3431 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32924-3431	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWES, LOU ANN	5.2 NAME	
STREET ADDRESS	P.O. BOX 3431 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WALTER L	6.2 NAME	
STREET ADDRESS	299 N. ATLANTIC AVE. #301	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	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)(i), 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

3-3-98
Date

4076329582
Daytime Phone #

CR2E037 (10/97)