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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N47324

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/14/1992

4. FEI Number

59-3113076

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

William J. Campbell

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

(NOTE: Registered Agent signature required when reinstating)

2-4-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
 NAME CAMPBELL, JANICE
 STREET ADDRESS 1010 SANTA ROSA DRIVE
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ DELETE
 NAME CAMPBELL, WILLIAM
 STREET ADDRESS 1010 SANTA ROSA DRIVE
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TR ☒ DELETE
 NAME KIRCHOFER, DAVID D
 STREET ADDRESS 6470 S US HWY, #1
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE T ☐ DELETE
 NAME HAWES, JONATHAN E JR.
 STREET ADDRESS P.O. BOX 3431 N/A
 CITY-ST-ZIP COCOA FL 32924-3431

TITLE S ☐ DELETE
 NAME HAWES, LOU ANN
 STREET ADDRESS P.O. BOX 3431 N/A
 CITY-ST-ZIP COCOA FL

TITLE TR ☐ DELETE
 NAME GIOIA, LEONARD M
 STREET ADDRESS 255 FORTENBERRY RD
 CITY-ST-ZIP MERRITT ISLAND FL 32952

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
 1.2 NAME Campbell, Janice
 1.3 STREET ADDRESS 1010 Santa Rosa Dr.
 1.4 CITY-ST-ZIP Rockledge, FL 32955

2.1 TITLE VD ☒ Change ☐ Addition
 2.2 NAME Campbell, William J.
 2.3 STREET ADDRESS 1010 Santa Rosa Dr.
 2.4 CITY-ST-ZIP Rockledge, FL 32955

3.1 TITLE T ☐ Change ☒ Addition
 3.2 NAME Capps, Diana
 3.3 STREET ADDRESS 2160 meadowlane Ave.
 3.4 CITY-ST-ZIP Melbourne, FL 32904

4.1 TITLE TR ☒ Change ☐ Addition
 4.2 NAME Hawes, Jonathan
 4.3 STREET ADDRESS 4890 Lake Ontario Dr.
 4.4 CITY-ST-ZIP Cocoa, FL 32926

5.1 TITLE SD ☒ Change ☐ Addition
 5.2 NAME Hawes, Lou Ann
 5.3 STREET ADDRESS 4890 Lake Ontario Dr.
 5.4 CITY-ST-ZIP Cocoa, FL 32926

6.1 TITLE TR ☒ Change ☐ Addition
 6.2 NAME Gioia, Leonard G
 6.3 STREET ADDRESS 255 Fortenberry Rd.
 6.4 CITY-ST-ZIP Merritt Is., FL 32952

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, with all other like empowered.

SIGNATURE: *Leonard M. Gioia* SIGNATURE REQUIRED

2-4-99

Date

Daytime Phone #

407-632-9582

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