## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47324

FILED May 05, 2005 Secretary of State

Entity Name: COONS' RUN WILDLIFE SANCTUARY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1010 SANTA ROSA DR ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 1010 SANTA ROSA DR ROCKLEDGE, FL 32955 FEI Number: 59-3113076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, WILLIAM J. 1010 SANTÁ ROSA DR ROCKLEDGE, FL 32955 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HAWES, LOUANN HAWES, LOU ANN Name: Name: 4890 LAKE ONTARIO DR. Address: 1421 ELMO STREET. Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 Title: VD ( ) Delete Title: (X) Change ( ) Addition CAMPBELL, WILLIAM, Name: CAMPBELL, J. WILLIAM, Name: Address: 1010 SANTA ROSA DRIVE Address: 1010 SANTA ROSA DRIVE City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: (X) Change ( ) Addition HAWES, JONATHAN HAWES, JONATHAN E Name: Name: 4890 LAKE ONTARIO DR. Address: Address: 1421 ELMO STREET City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 ( ) Delete Title: PD Title: () Change () Addition CAMPBELL, JANICE Name: Name: Address: 1010 SANTA ROSA DR. Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GIOIA, LEONARD G SYPIEN, JENNIFER Name: Name: 255 FORTENBERRY RD 4960 PALM AVENUE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: COCOA, FL 32926 Title: () Delete Title: ( ) Change (X) Addition CAPPS, DIANNA Name: Name: Address: Address: 2160 MEADOW LANE MELBOURNE, FL 32904 City-St-Zip: City-St-Zip:

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: LOU ANN HAWES STD 05/05/2005