2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47324

FILED Apr 02, 2006 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 1010 SANTA ROSA DRIVE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955

FEI Number: 59-3113076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, WILLIAM J. CAMPBELL, WILLIAM J. 1010 SANTÁ ROSA DRIVE 1010 SANTÁ ROSA DR ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955

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: WILLIAM J. CAMPBELL 04/02/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STD () Delete (X) Change () Addition HAWES, LOU ANN HAWES, LOU ANNA Name: Name: 1421 ELMO STREET. Address: 1421 ELMO STREET. Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926 () Delete Title: Title: () Change () Addition CAMPBELL, J. WILLIAM, Name: Name: Address: 1010 SANTA ROSA DRIVE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: () Change () Addition HAWES, JONATHAN E Name: Name: 1421 ELMO STREET Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: () 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: () Change () Addition CAPPS, DIANNA Name: Name: 2160 MEADOW LANE Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

O'NEAL. REBECCA Name: Name: Address: Address: 1238 COURTLAND BLVD. DELTONA, FL 32738 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 Chapter 119, 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 ANNA HAWES STD 04/02/2006