2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# N47324

Entity Name: COONS' RUN WILDLIFE SANCTUARY, INC.

Current Principal Place of Business:

1010 SANTA ROSA DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1010 SANTA ROSA DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

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:

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

Name and Address of New Registered Agent:

HAWES, LOU ANNA STD
1010 SANTA ROSA DRIVE
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: LOU ANNA HAWES 05/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: HAWES, LOU ANNA
Address: 1421 ELMO STREET.
City-St-Zip: COCOA, FL 32926

Title: VD ( ) Delete
Name: CAMPBELL, J. WILLIAM,
Address: 1010 SANTA ROSA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TR ( ) Delete
Name: HAWES, JONATHAN E
Address: 1421 ELMO STREET
City-St-Zip: COCOA, FL 32926

Title: PD ( ) Delete
Name: CAMPBELL, JANICE
Address: 1010 SANTA ROSA DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: TR ( ) Delete
Name: CAPPS, DIANNA
Address: 2160 MEADOW LANE
City-St-Zip: MELBOURNE, FL 32904

Title: TR ( ) Delete
Name: O'NEAL, REBECCA
Address: 1238 COURTLAND BLVD.
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 05/24/2007
Electronic Signature of Signing Officer or Director Date