

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47324

FILED  
May 05, 2008  
Secretary of State

**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:**

HAWES, LOU ANNA STD  
1010 SANTA ROSA DRIVE  
ROCKLEDGE, FL 32955 US

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

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:**

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 (X) 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

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date