

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47324

**FILED**  
**May 19, 2010**  
**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 DR  
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:**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** STD  
**Name:** HAWES, LOU ANNA  
**Address:** 2118 GUNPOWDER DR. NE  
**City-St-Zip:** PALM BAY, FL 32905

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

**Title:** TR  
**Name:** HAWES, JONATHAN E  
**Address:** 2118 GUNPOWDER DR., NE  
**City-St-Zip:** PALM BAY, FL 32905

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

I hereby 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 all other like empowered.

**SIGNATURE:** LOU ANNA HAWES

STD

05/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date