

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -3 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000237 (8)
1. Corporation Name
UPPER CAPTIVA WILDLIFE FOUNDATION, INC.

Principal Place of Business Mailing Address
P O BOX 503 PINELAND FL 33945 P O BOX 503 PINELAND FL 33945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1993** 3a. Date of Last Report **01/25/1994**
4. FEI Number **65-0392811**
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SHAW, LOUISE J
54 TOWNHOUSE LN
UPPER CAPTIVA ISLAND FL 33945

10. Name and Address of New Registered Agent
81 Name **SHAW, LOUISE J.**
82 Street Address (P.O. Box Number is Not Acceptable) **331 SPANISH GOLD LANE**
83
84 City **UPPER CAPTIVA ISLAND** FL 85 Zip Code **33945**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **LOUISE J. SHAW** DIRECTOR UCWF Inc. *Louise J. Shaw - Reg. Agent 2-14-95*
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SHAW, LOUISE J
STREET ADDRESS	P O BOX 503 <i>street address N/A</i>
CITY - ST - ZIP	PINELAND FL 33945
TITLE	DST
NAME	SCOTT, SUSANNE
STREET ADDRESS	P O BOX 503 <i>street address N/A</i>
CITY - ST - ZIP	PINELAND FL 33945
TITLE	D
NAME	WALKER, GARY
STREET ADDRESS	P O BOX 334 <i>street address N/A</i>
CITY - ST - ZIP	PINELAND FL 33945
TITLE	D
NAME	MCKNIGHT, MARY J
STREET ADDRESS	P O BOX 334 <i>street address N/A</i>
CITY - ST - ZIP	PINELAND FL 33945
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	SAME
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	SAME
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	SAME
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	SAME
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Louise J. Shaw* (LOUISE J. SHAW) Director **2-14-95** 813-472-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)