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FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000237 (8)
1. Corporation Name
UPPER CAPTIVA WILDLIFE FOUNDATION, INC.



Principal Place of Business P O BOX 503 PINELAND FL 33945	Mailing Address P O BOX 503 PINELAND FL 33945-0503
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3. Date Incorporated or Qualified 01/19/1993	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0392811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SHAW, LOUISE J
331 SPANISH GOLD LANE
UPPER CAPTIVA ISLAND FL 33945**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPV <input type="checkbox"/> DELETE
NAME	SHAW, LOUISE J
STREET ADDRESS	(P O BOX 503) 331 SPANISH GOLD LN
CITY-ST-ZIP	PINELAND FL 33945 UPPER CAPTIVA ISLAND FL.
TITLE	DST <input type="checkbox"/> DELETE
NAME	SCOTT, SUSANNE
STREET ADDRESS	(P O BOX 503) 331 SPANISH GOLD LN
CITY-ST-ZIP	PINELAND FL 33945 UPPER CAPTIVA ISLAND FL.
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, GARY
STREET ADDRESS	(P O BOX 334) 4241 POINT HOUSE TRAIL
CITY-ST-ZIP	PINELAND FL 33945 Upper Captiva Island FL.
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMMONS, RONALD
STREET ADDRESS	(P.O. BOX 442) 341 Pieces of Eight
CITY-ST-ZIP	CAPTIVA FL Upper Captiva Island FL.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Shaw (Typed Name) DATE: 4-13-97 DAYTIME PHONE: 941-472-6841

CR2E037 (9/96)