

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-22-1999 90013 012 \*\*\*\*\*61.25

DOCUMENT # N93000000237

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date incorporated or Qualified

01/19/1993

4. FEI Number

65-0392811

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV  DELETE

NAME SHAW, LOUISE J  
STREET ADDRESS 331 SPANISH GOLD LN  
CITY-ST-ZIP UPPER CAPTIVA ISLAND FL

TITLE DST  DELETE

NAME SCOTT, SUSANNE  
STREET ADDRESS 331 SPANISH GOLD LN  
CITY-ST-ZIP UPPER CAPTIVA ISLAND FL

TITLE D  DELETE

NAME WALKER, GARY  
STREET ADDRESS 4241 POINT HOUSE TRAIL  
CITY-ST-ZIP UPPER CAPTIVA ISLAND FL

TITLE D  DELETE

NAME SIMMONS, RONALD  
STREET ADDRESS 341 PIECES OF EIGHT  
CITY-ST-ZIP UPPER CAPTIVA ISLAND FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Lo... Shaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

941-472-6841

Daytime Phone #

CR2E037 (11/98)