


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N9300000237			
1. Entity 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		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAW, LOUISE J 331 SPANISH GOLD LANE UPPER CAPTIVA ISLAND FL 33945		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL



MOORE CR2E037 (11/03)

4. FEI Number 65-0392811	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPV SHAW, LOUISE J <input type="checkbox"/> Delete	TITLE	
NAME	SHAW, LOUISE J	NAME	
STREET ADDRESS	331 SPANISH GOLD LN	STREET ADDRESS	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	CITY-ST-ZIP	U00000013955 01/27/04-80003-018 61.25
TITLE	DST SCOTT, SUSANNE <input type="checkbox"/> Delete	TITLE	
NAME	SCOTT, SUSANNE	NAME	
STREET ADDRESS	331 SPANISH GOLD LN	STREET ADDRESS	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	CITY-ST-ZIP	
TITLE	D WALKER, GARY <input type="checkbox"/> Delete	TITLE	
NAME	WALKER, GARY	NAME	
STREET ADDRESS	4241 POINT HOUSE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	CITY-ST-ZIP	
TITLE	D SIMMONS, RONALD <input type="checkbox"/> Delete	TITLE	
NAME	SIMMONS, RONALD	NAME	
STREET ADDRESS	341 PIECES OF EIGHT	STREET ADDRESS	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE SHAW *Louise Shaw - Director* 1-22-2004 239-472-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #