


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000237
 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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **65-0392811**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	SHAW, LOUISE J	
STREET ADDRESS	331 SPANISH GOLD LN	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCOTT, SUSANNE	
STREET ADDRESS	331 SPANISH GOLD LN	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, GARY	
STREET ADDRESS	4241 POINT HOUSE TRAIL	
CITY-ST-ZIP	UPPER CAPTIVA ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, RONALD	
STREET ADDRESS	341 PIECES OF EIGHT	
CITY-ST-ZIP	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000228877	
CITY-ST-ZIP	02/14/05-80055-017 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* **2-7-2005** **239-472-6841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #