FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001431 (6)

1. Corporation Name

SOUTHWEST FLORIDA WILDLIFE REHABILITATION AND CONSERVATION CENTER, INC.

Principal Place of Business	Mailing Address
4590 FT. SIMMONS LABELLE FL 33935	4590 FT. SIMMONS LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0460949 ☐ Applied For ☐ Not Applicable
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. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROWLEE, WAYNE E
30 HARDEE STREET
P.O. BOX 640
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name: WILLIAM T. Shaffer
82 Street Address (P.O. Box Number is Not Acceptable): 2108 W. 1st
83: Suite 302
84 City: FT myers FL 85 Zip Code: 33901

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: William T Shaffer William T Shaffer Esq. 2/16/95 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	HARD, WILLIAM TROY	1.2 NAME	HORD Wm M	
STREET ADDRESS	4590 FT. SIMMONS AVENUE	1.3 STREET ADDRESS	4590 ft. simmons av.	
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	LaBelle, fl 33935	
TITLE	D	2.1 TITLE	D	☐ Change ☑ Addition
NAME	JOHNSON, DAVID	2.2 NAME	Shaffer William T	
STREET ADDRESS	6500 COUNTY ROAD 78 WEST	2.3 STREET ADDRESS	2601 CORTEZ BLVD	
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	FT myers FL 33901	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	JOHNSON, MILISA	3.2 NAME	Shaffer, Kristy C	
STREET ADDRESS	6500 COUNTY ROAD 78 WEST	3.3 STREET ADDRESS	2601 CORTEZ BLVD	
CITY-ST-ZIP	ALVA FL	3.4 CITY-ST-ZIP	FT myers FL 33901	
TITLE	D	4.1 TITLE	D/P	☑ Change ☐ Addition
NAME	LANGE, SHARON	4.2 NAME	HORD, William Trox	
STREET ADDRESS	6355 COUNTY ROAD 78 WEST	4.3 STREET ADDRESS	4590 ft Simmons av	
CITY-ST-ZIP	ALVA FL	4.4 CITY-ST-ZIP	LaBelle, fl 33935	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: William T Hord William T Hord 2/15/95 813-67?-5?5?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060413