

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001431 (6)

1. Corporation Name
SOUTHWEST FLORIDA WILDLIFE REHABILITATION AND CONSERVATION CENTER, INC.



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

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business: 4590 FT SIMMONS
2a. Mailing Address: 4590 FT SIMMONS
21. Suite, Apt. #, etc.:
22. City & State: Labelle FL
23. Zip: 33935 Country: Hendry
24. 33935 25. Hendry 29. 33935 30. Hendry

4. FEI Number: 65-0460949
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SHAFFER, WILLIAM T
2108 W. 1ST
SUITE 302
FT. MYERS FL 33901

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD HORD, KIM M 4590 FT. SIMMONS AVENUE LABELLE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	D JOHNSON, DAVID 6500 COUNTY ROAD 78 WEST ALVA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	D JOHNSON, MILISA 6500 COUNTY ROAD 78 WEST ALVA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	DP HORD, WILLIAM T 4590 FT. SIMMONS AVE LABELLE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	D SHAFFER, WILLIAM T 2601 CORTEZ BLVD. FT. MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	D SHAFFER, KRISTYE C 2601 CORTEZ BLVD. FT. MYERS FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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CARDEN Thomas M
659 S. Indiana Ave
Englewood FL 33223
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David L. MORANO
1302 N. Riverside Dr
Sarasota, FL 34234

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)(k), 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* 2/21/96 941-675-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)