

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

2a. Mailing Address

21 4590 FT SIMMONS

26 4590 FT SIMMONS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Labelle FL

28 Labelle FL

24 33935

25 Hendry

29 33935

30 Hendry

9. Name and Address of Current Registered Agent

SHAFFER, WILLIAM T
2108 W. 1ST
SUITE 302
FT. MYERS FL 33901

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

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 VD
NAME HORD, KIM M
STREET ADDRESS 4590 FT. SIMMONS AVENUE
CITY-ST-ZIP LABELLE FL ☐ DELETE

TITLE D
NAME JOHNSON, DAVID
STREET ADDRESS 6500 COUNTY ROAD 78 WEST
CITY-ST-ZIP ALVA FL ☒ DELETE

TITLE D
NAME JOHNSON, MILISA
STREET ADDRESS 6500 COUNTY ROAD 78 WEST
CITY-ST-ZIP ALVA FL ☒ DELETE

TITLE DP
NAME HORD, WILLIAM T
STREET ADDRESS 4590 FT. SIMMONS AVE
CITY-ST-ZIP LABELLE FL ☐ DELETE

TITLE D
NAME SHAFFER, WILLIAM T
STREET ADDRESS 2601 CORTEZ BLVD.
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME SHAFFER, KRISTYE C
STREET ADDRESS 2601 CORTEZ BLVD.
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 0
1.2 NAME CARDEN Thomas M
1.3 STREET ADDRESS 651 S. Indiana Ave
1.4 CITY-ST-ZIP Englewood FL 33223 ☐ Change ☒ Addition

2.1 TITLE 0
2.2 NAME David L. MORANO
2.3 STREET ADDRESS 1302 N. Riverside Dr
2.4 CITY-ST-ZIP Sarasota, FL 34234 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 941-675-555

CR2E037 (12/95)