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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001431 (6)**

1. Corporation Name

**SOUTHWEST FLORIDA WILDLIFE REHABILITATION AND CO
NSERVATION CENTER, INC.**



Principal Place of Business 4590 FT. SIMMONS LABELLE FL 33935 US	Mailing Address 4590 FT. SIMMONS LABELLE FL 33935-6319 US
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3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 02/27/1996
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21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number 65-0460949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORD, KIM M	
STREET ADDRESS	4590 FT. SIMMONS AVENUE	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, GARDEN M	
STREET ADDRESS	659 SOUTH INDIANA AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORANO, DAVID	
STREET ADDRESS	1302 NORTH RIVERSIDE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HORD, WILLIAM T	
STREET ADDRESS	4590 FT. SIMMONS AVE	
CITY-ST-ZIP	LABELLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAFFER, WILLIAM T	
STREET ADDRESS	2601 CORTEZ BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAFFER, KRISTYE C	
STREET ADDRESS	2601 CORTEZ BLVD.	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/24/97** Devtime Phone # **0067257**

CP2E037 (9/96)