

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
FEE DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 042 ****61.25

DOCUMENT # N93000001431

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
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/26/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0460949	
24		29		30	
25		29		30	
26		29		30	
27		29		30	
28		29		30	
29		29		30	
30		29		30	
31		29		30	
32		29		30	
33		29		30	
34		29		30	
35		29		30	
36		29		30	
37		29		30	
38		29		30	
39		29		30	
40		29		30	
41		29		30	
42		29		30	
43		29		30	
44		29		30	
45		29		30	
46		29		30	
47		29		30	
48		29		30	
49		29		30	
50		29		30	
51		29		30	
52		29		30	
53		29		30	
54		29		30	
55		29		30	
56		29		30	
57		29		30	
58		29		30	
59		29		30	
60		29		30	
61		29		30	
62		29		30	
63		29		30	
64		29		30	
65		29		30	
66		29		30	
67		29		30	
68		29		30	
69		29		30	
70		29		30	
71		29		30	
72		29		30	
73		29		30	
74		29		30	
75		29		30	
76		29		30	
77		29		30	
78		29		30	
79		29		30	
80		29		30	
81		29		30	
82		29		30	
83		29		30	
84		29		30	
85		29		30	
86		29		30	
87		29		30	
88		29		30	
89		29		30	
90		29		30	
91		29		30	
92		29		30	
93		29		30	
94		29		30	
95		29		30	
96		29		30	
97		29		30	
98		29		30	
99		29		30	
100		29		30	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HORD, KIM M			1.2 NAME			
STREET ADDRESS	4590 FT. SIMMONS AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LABELLE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMAS, CARDEN M			2.2 NAME			
STREET ADDRESS	659 SOUTH INDIANA AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORANO, DAVID			3.2 NAME			
STREET ADDRESS	1302 NORTH RIVERSIDE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HORD, WILLIAM T			4.2 NAME			
STREET ADDRESS	4590 FT. SIMMONS AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LABELLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAFFER, WILLIAM T			5.2 NAME			
STREET ADDRESS	2601 CORTEZ BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAFFER, KRISTYE C			6.2 NAME			
STREET ADDRESS	2601 CORTEZ BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99 741-675-5P5J

Date

Daytime Phone #

CR2E037 (5/99)