

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT 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 CONSERVATION CENTER, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0460949	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip Country	28	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAFFER, WILLIAM T 2108 W. 1ST SUITE 302 FT. MYERS FL 33901				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<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 **8/12/99 741-675-5P5J**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)