


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90026 018 ****61.25

DOCUMENT # N93000005474 1. Entity Name NATURE WORLD WILDLIFE SANCTUARY, INC.					
Principal Place of Business 10096 S RIVIERA PT HOMOSASSA, FL 34448			Mailing Address 10096 S RIVIERA PT HOMOSASSA, FL 34448 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0453911	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOOD, RUTH A 10096 S RIVIERA PT HOMOSASSA, FL 34448				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNUDSEN, MARION P.O. BOX 418 HOMOSASSA SPRINGS, FL 34447		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR OPALL, MARY 7360 S. FINALE AT HOMOSASSA FL. 34446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOOD, RUTH A 10096 S RIVIERA HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY - ST - ZIP	KNUDSEN, MARION P O Box 418 HOMOSASSA FL 34442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OPAL, MARY S FLORIDA POINT HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPALL, MARY 7360 S. FINALE AT HOMOSASSA FL. 34446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ruth A. Wood</i> RUTH A. WOOD <i>July 7 2006</i> 352 382 1522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					