

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005474

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** NATURE WORLD WILDLIFE SANCTUARY, INC.

**Current Principal Place of Business:**

7360 S. FINALE PT  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

7360 S. FINALE PT  
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number:** 65-0453911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OPALL, MARY  
7360 S. FINALE PT.  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

OPALL, MARY  
1254 BALKO PASS  
LECANTO, FL 34461 US

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.

**SIGNATURE:**

01/12/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** OPALL, MARY  
**Address:** 1254 BALKO PASS  
**City-St-Zip:** LECANTO, FL 34461

**Title:** T  
**Name:** DUBE, SHIRLEY  
**Address:** 80 OAK VILLAGE BLVD. SO.  
**City-St-Zip:** HOMOSASSA, FL 34446

**Title:** S  
**Name:** JORGENSEN, STACI  
**Address:** 3923 S. DELARD WAY  
**City-St-Zip:** HOMOSASSA, FL 34448

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARY OPALL

D

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date