2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003779

Entity Name: FLORIDA WILD MAMMAL ASSOCIATION, INC.

FILED Apr 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

198 EDGAR POOLE RD. CRAWFORDVILLE, FL 32327

Current Mailing Address: New Mailing Address:

198 EDGAR POOLE RD. CRAWFORDVILLE, FL 32327

FEI Number: 65-0508616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LESTRANGE, BETTE BEATTY, CHRISTINE M MRS. PLAZA 3000 3020 NORTH FEDERAL HIGHWAY 198 EDGAR POOLE RD

BUILDING 11 CRAWFORDVILLE, FL 32327 US

FT. LAUDERDALE, FL 33306 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.

City-St-Zip:

SIGNATURE: CHRISTINE BEATTY 04/24/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

DAVIE, FL 333301137

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FELLSMORE, FL 32948 US

Title: PD () Delete Title: PD (X) Change () Addition Name: BEATTY, MICHAEL J MR.

Title: PD (X) Change () Addition Name: BEATTY, MICHAEL J MR.

Address: 198 EDGAR POOLE RD Address: 198 EDGAR POOLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: ANDERSON, DEBORAH Name: ANDERSON, DEBORAH MS.
Address: 2989 SW 137 TH TERRACE Address: 9720 146 AVE

Title: MD () Delete Title: (X) Change () Addition BEATTY, CHRISTINE BEATTY, CHRISTINE M MRS. Name: Name: Address: 198 EDGAR POOLE RD 198 EDGAR POOLE RD Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: STD () Delete Title: STD (X) Change () Addition Name: DENMARK, ELIZABETH Name: DENMARK, ELIZABETH MRS. Address: 32 JASON ST. Address: 32 JASON ST. City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D (X) Delete Title: () Change () Addition Name: VANETTE, JULIE Name:

 Name:
 VANETTE, JULIE
 Name:

 Address:
 1916 FOX COURT
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33414
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MUSGROVE, KARRIE
 Name:

 Address:
 335 HICKORYWOOD DR.
 Address:

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE BEATTY MD 04/24/2004