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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004251 (4)

1. Corporation Name

WILDLIFE RESCUE OF THE FLORIDA KEYS, INC.

Principal Place of Business

MCCOY-INDIGENOUS PARK
WHITE ST. @ ATLANTIC BLVD
KEY WEST FL 33040

Mailing Address

P O BOX 5449
KEY WEST FL 33045-5449



3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report
11/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0525466

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRON, MARK
31410 WARNER RD
BIG PINE KEY FL 33043

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE

NAME BARRON, BECKY
STREET ADDRESS 31410 WARNER RD
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE VP ☐ DELETE

NAME SHARP, GORDY
STREET ADDRESS 1176 HAKLUYT LANE
CITY-ST-ZIP CUDJOE KEY FL 33042

TITLE ST ☒ DELETE

NAME JONES, SYD
STREET ADDRESS 404 CACTUS DR
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ DELETE

NAME SHAEFER, HARRY
STREET ADDRESS 84 BAY DR
CITY-ST-ZIP BAY POINT FL 33040

TITLE D ☒ DELETE

NAME BAFFER, PERFECTA
STREET ADDRESS 1371 FT. TAYLOR CT
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☒ DELETE

NAME STEPAN, JUDY
STREET ADDRESS 1005 SEMINARY
CITY-ST-ZIP KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition

1.2 NAME Karen Sharp
1.3 STREET ADDRESS 1176 Hakluyt Lane
1.4 CITY-ST-ZIP Cudjoe Key, Fl. 33042

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Elle Shaeffer
2.3 STREET ADDRESS 84 Bay Dr.
2.4 CITY-ST-ZIP Bay Point, Fl. 33040

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Patty Carey
3.3 STREET ADDRESS 2017 Seidenberg Ave.
3.4 CITY-ST-ZIP Key West, Fl. 33040

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Director & Treasurer ☒ Change ☐ Addition

6.2 NAME Judy Stepan
6.3 STREET ADDRESS 1005 Seminary
6.4 CITY-ST-ZIP Key West, Fl. 33040

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE [Signature] 5/16/97 305-791-1910

CR2E037 (9/96)