

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2006
Secretary of State**

DOCUMENT# N94000005029

Entity Name: WILDLIFE FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

620 S MERIDIAN ST
TALLAHASSEE, FL 323991600

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11010
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3277808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPTON, KATHLEEN SEC.
620 S MERIDIAN ST
TALLAHASSEE, FL 323991600 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOOD, DAPHNE
Address: 676 LIVE OAK LANE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: BOSTICK, WILLIAM G JR
Address: AUGUSTA STAGE COACH ROAD
City-St-Zip: GARNETT, SC 29922

Title: D () Delete
Name: KIBLER, THOMAS B
Address: 3715 KIBLER RANCH ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D (X) Delete
Name: NYE, DAVID J
Address: P O BOX 117168
City-St-Zip: GAINESVILLE, FL 326117168

Title: STD () Delete
Name: HADDAD, KENNETH D
Address: 620 S MERIDIAN ST
City-St-Zip: TALLAHASSEE, FL 32399

Title: P () Delete
Name: RAINEY, C. T PRESIDE
Address: 14701 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KATHLEEN HAMPTON

SEC.

01/27/2006

Electronic Signature of Signing Officer or Director

Date