


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000361 1. Entity Name THE WILDLIFE SANCTUARY FUND, INC.	
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Principal Place of Business 45 SETON TRAIL ORMOND BEACH, FL 32176 US	Mailing Address 45 SETON TRAIL ORMOND BEACH, FL 32176 US
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02032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3348526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PONTIOUS, JEFFREY M 45 SETON TRAIL ORMOND BEACH, FL 32176
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY, J. MICHAEL 45 SETON TRAIL ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY, F. RAYMOND 45 SETON TRAIL ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAISFORD, BRIAN 45 SETON TRAIL ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANEY, JONATHAN D JR. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PONTIOUS, JEFFREY M 45 SETON TRAIL ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000135130
04/28/04-80048-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jeffrey M. Pontious JEFFREY M. PONTIOUS 4-14-04 (386)673.3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #