

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N95000002064 (2)

1. Corporation Name

SHELTER TO ENDEMIC WILDLIFE, APPRECIATION, RECOVERY, DISCOVERY AND STUDY, INC.



Principal Place of Business

Mailing Address

5033 CLARCONA OCOEE RD
ORLANDO FL 32710

5033 CLARCONA OCOEE RD
ORLANDO FL 32710

3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5033 Clarcona Ocoee Rd.

22 City & State

27 City & State
Orlando, Florida

23 Zip

Country

28 Zip
32810

Country
U.S.A.

4. FEI Number

59-3317856

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

**POOLE, WILLIAM F IV, ESO
644 WEST COLONIA DR.
ORLANDO FL 32804**

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 the applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BRAUN, LESLIE R**
STREET ADDRESS **5033 CLARCONA OCOEE**
CITY-ST-ZIP **ORLANDO FL 32810**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PFLAGING, ERIC**
STREET ADDRESS **220 HILLSIDE DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PFLAGING, ERIC**
STREET ADDRESS **220 HILLSIDE DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Secretary/Treasurer**
3.3 STREET ADDRESS **Penny Parker**
3.4 CITY-ST-ZIP **220 Hillside Drive**
Clermont, Florida 34711

TITLE **D** ☒ DELETE
NAME **ESCHBACH, MARY**
STREET ADDRESS **P.O. BOX 560216**
CITY-ST-ZIP **ROCKLEDGE FL 32956**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

LESLIE R. BRAUN, PRESIDENT 4/16/96 407-299-8105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)