


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N950000Q4767 1. Entity Name THE WILDLIFE CENTER AT UNCLE DONALD'S FARM, INC.	
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Principal Place of Business 40789 UNCLE DONALDS LANE LADY LAKE, FL 32195	Mailing Address PO BOX 1087 WEIRSDALE, FL 32195
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04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3426836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORRIS, DONNA L 40789 UNCLE DONALDS LANE LADY LAKE, FL 32195
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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 *Donna L Morris* 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MORRIS, DONNA L 2713 GRIFFIN AVENUE LADY LAKE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, ELIZABETH I 2713 GRIFFIN AVENUE LADY LAKE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, MARK DR. DVM P.O. BOX 2319 N/A BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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: *Donna L Morris* 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #