2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N95000004767

Entity Name: THE WILDLIFE CENTER AT UNCLE DONALD'S FARM, INC.

Current Principal Place of Business:

40789 UNCLE DONALDS LANE
LADY LAKE, FL 32195

New Principal Place of Business:

Current Mailing Address:

PO BOX 1087
WEIRSDALE, FL 32195

New Mailing Address:

FEI Number: 59-3426836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRIS, DONNA L
40789 UNCLE DONALDS LANE
LADY LAKE, FL 32195 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: STD ( ) Delete
Name: MORRIS, DONNA L
Address: 2713 GRIFFIN AVENUE
City-St-Zip: LADY LAKE, FL

Title: PD ( ) Delete
Name: MORRIS, ELIZABETH I
Address: 2713 GRIFFIN AVENUE
City-St-Zip: LADY LAKE, FL

Title: D ( ) Delete
Name: WILSON, MARK DR. DVM
Address: P.O. BOX 2319 N/A
City-St-Zip: BELLEVIEW, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA L. MORRIS STD 05/01/2005
Electronic Signature of Signing Officer or Director — Date