

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90158 022 ****61.25

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1. Corporation Name

THE WILD LIFE PRESERVE, INC.

Principal Place of Business

17919 BURRELL ROAD
ODESSA FL 33556

Mailing Address

17919 BURRELL ROAD
ODESSA FL 33556



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/11/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

93-1209659

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINTO, DOMINICK
17919 BURRELL ROAD
ODESSA FL 33556

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME PINTO, DOMINICK
STREET ADDRESS 17919 BURRELL RD
CITY-ST-ZIP ODESSA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DVPS ☐ DELETE

NAME PINTO, SANDRA
STREET ADDRESS 70 CHRISTIE HILL RD
CITY-ST-ZIP DARIEN CT

1.2 NAME ☐ Change ☐ Addition

TITLE AD ☐ DELETE

NAME DELEO, DEBRA P
STREET ADDRESS 17919 BURRELL RD
CITY-ST-ZIP ODESSA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-920-0328

Daytime Phone #

CR2E037 (1/98)