

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004680 (1)**

1. Corporation Name

RACCOON RESCUE, INC.



Principal Place of Business 8387 SCOTTISH COURT JACKSONVILLE FL 32244	Mailing Address 8387 SCOTTISH COURT JACKSONVILLE FL 32244
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3. Date Incorporated or Qualified
08/15/1997

4. FEI Number 59-3463601	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GODWIN, KATHLEEN
8387 SCOTTISH COURT
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name	SAME
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

TITLE	President	<input type="checkbox"/> DELETE
NAME	Kathleen Godwin	
STREET ADDRESS	8387 Scottish Court	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Lisa A. Davis, PhD	
STREET ADDRESS	4007 Marianna Rd	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Michael J. Hoffman	
STREET ADDRESS	1447 Murray Drive	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATHLEEN GODWIN	
1.3 STREET ADDRESS	8387 SCOTTISH CT.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
2.1 TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LISA A. DAVIS, PHD	
2.3 STREET ADDRESS	4007 MARIANNA RD.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
3.1 TITLE	S/P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL J. HOFFMAN	
3.3 STREET ADDRESS	1447 MURRAY DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Kathleen Godwin**

Kathleen Godwin, PhD.

March 20, 1998

CR2E037 (10/97)