

FILE NOW: FILING FEE IS \$61.25

AMENDED

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N98000002998

1. Corporation Name

National Wolf and Wolfdog Alliance, Inc.

Principal Place of Business

Mailing Address

10350 San Martin Blvd N.E.  
St. Petersburg, FL  
33702P.O. Box 15726  
St. Petersburg, FL  
33713600003045406--4  
-11/16/99--01049--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

|                                |                                    |                                                                      |
|--------------------------------|------------------------------------|----------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address                | 3. Date Incorporated or Qualified                                    |
| 21 10350 San Martin Blvd N.E.  | 26 <del>10350</del> P.O. Box 15726 | April 3, 1998                                                        |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                | 4. FEI Number                                                        |
| 22                             | 27                                 | 59-3518819                                                           |
| City & State                   | City & State                       | Applied For                                                          |
| 23 St. Petersburg, FL          | 28 St. Petersburg, FL              | Not Applicable                                                       |
| Zip                            | Zip                                | 5. Certificate of Status Desired <input checked="" type="checkbox"/> |
| 24 33702                       | 29 33713                           | \$8.75 Additional Fee Required                                       |
| Country                        | Country                            | 6. Election Campaign Financing                                       |
| 25 Pine/llas                   | 30 Pine/llas                       | Trust Fund Contribution <input type="checkbox"/>                     |
|                                |                                    | \$5.00 May Be Added to Fees                                          |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tom Schipper  
2609 6th Ave N.  
St Petersburg, FL 3371381 Name Dawn Bednar  
82 Street Address (P.O. Box Number is Not Acceptable)  
7957 Aberdeen Cir  
83  
84 City Largo FL 85 Zip Code 33771

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: Dawn Bednar Dawn Bednar President/Director 10/30/99  
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                      | President <input checked="" type="checkbox"/> DELETE                    | 1.1 TITLE                                             | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | Tom Schipper                                                            | 1.2 NAME                                              | Dawn Bednar                                                                                          |
| STREET ADDRESS             | 2609 6th Ave N                                                          | 1.3 STREET ADDRESS                                    | 7957 Aberdeen Cir                                                                                    |
| CITY-ST-ZIP                | St Pete, FL 33713                                                       | 1.4 CITY-ST-ZIP                                       | Largo, FL                                                                                            |
| TITLE                      | Vice President/Director <input type="checkbox"/> DELETE                 | 2.1 TITLE                                             | Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Dawn Bednar                                                             | 2.2 NAME                                              | Lorie Doudy                                                                                          |
| STREET ADDRESS             | 7957 Aberdeen Cir                                                       | 2.3 STREET ADDRESS                                    | 10350 San Martin Blvd N.E.                                                                           |
| CITY-ST-ZIP                | Largo, FL 33771                                                         | 2.4 CITY-ST-ZIP                                       | St. Petersburg, FL 33702                                                                             |
| TITLE                      | Secretary/Director <input checked="" type="checkbox"/> DELETE           | 3.1 TITLE                                             | Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       | Kaire Anderson                                                          | 3.2 NAME                                              | Tammy Waller                                                                                         |
| STREET ADDRESS             | 58 Ventura Dr                                                           | 3.3 STREET ADDRESS                                    | 3417 20th St. N.                                                                                     |
| CITY-ST-ZIP                | Dunedin, FL 33698                                                       | 3.4 CITY-ST-ZIP                                       | St. Petersburg, FL 33713                                                                             |
| TITLE                      | <del>Secretary/Director</del> Treasurer <input type="checkbox"/> DELETE | 4.1 TITLE                                             | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | Tammy Waller                                                            | 4.2 NAME                                              | Karen English                                                                                        |
| STREET ADDRESS             | 3417 20th St. N.                                                        | 4.3 STREET ADDRESS                                    | 20607 W. Cedar Lane                                                                                  |
| CITY-ST-ZIP                | St. Petersburg, FL 33713                                                | 4.4 CITY-ST-ZIP                                       | Sapulpa, OK 74066                                                                                    |
| TITLE                      | Director <input type="checkbox"/> DELETE                                | 5.1 TITLE                                             |                                                                                                      |
| NAME                       | Lorie Doudy                                                             | 5.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | 10350 San Martin Blvd N.E.                                              | 5.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | St. Petersburg, FL 33702                                                | 5.4 CITY-ST-ZIP                                       |                                                                                                      |
| TITLE                      | Director <input type="checkbox"/> DELETE                                | 6.1 TITLE                                             |                                                                                                      |
| NAME                       | Karen English                                                           | 6.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | Rt. 2 Box 217                                                           | 6.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | Gore, OK 74435                                                          | 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, with all other like empowered.

SIGNATURE: Dawn Bednar Dawn Bednar 10/30/99 (727)531-5355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)