


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003851	
1. Entity Name FRIENDS OF NATURE WILDLIFE REFUGE, INC.	

Principal Place of Business 23300 C.R. 561 ASTATULA, FL 34705	Mailing Address 23300 C.R. 561 ASTATULA, FL 34705
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1608944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FERGUSON, CONSTANCE H 23300 C.R. 561 ASTATULA, FL 34705	

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PD FERGUSON, CONSTANCE H 23300 C.R. 561 ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, ROGER D 23300 C.R. 561 MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, NANCEE 3550 SARASOTA GOLF CLUB BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, BRANNON J 23300 C.R. 561 ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000600671
01/26/07-80019-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Constance Ferguson Constance Ferguson 1/22/07 (407) 947-5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #