

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N98000003851

1. Entry 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



03052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1608944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, CONSTANCE H
23300 C.R. 561
ASTATULA, FL 34705

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/02/08-80093-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Connie Ferguson **Connie Ferguson** 3/13/08 (407) 947-5435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #