

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

APPROVED  
AND  
FILED

99 APR 22 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005771

1. Corporation Name

HEALING WINGS WILDLIFE REHABILITATION CENTER, INC.

Principal Place of Business

1526 WILD IRIS LANE  
ORANGE PARK FL 32073

Mailing Address

1526 WILD IRIS LANE  
ORANGE PARK FL 32073



04-22-99 90193 008 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3574363	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

GRIFFIN, JANICE E  
1526 WILD IRIS LANE  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

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

*Janice E. Griffin*

JANICE E. GRIFFIN

8/7/99

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLBORN, ROBBIE	1.2 NAME	
STREET ADDRESS	1915 SALT MYRTLE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARER, JULIANA	2.2 NAME	
STREET ADDRESS	1789 HOLLY FLOWER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JONATHAN	3.2 NAME	
STREET ADDRESS	1922 ROSE MALLOW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	D PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JANICE E	4.2 NAME	
STREET ADDRESS	1526 WILD IRIS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 8/7/99 (904) 2696513

CR2E037 (5/99)

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