

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000001386****1. Entity Name**  
ST. JOE WILDLIFE SANCTUARY AND EDUCATIONAL CENTER, INC

<b>Principal Place of Business</b> 411 BALTZELL AVE  PORT ST. JOE FL 32456	<b>Mailing Address</b> 411 BALTZELL AVE  PORT ST. JOE FL 32456
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<b>2. Principal Place of Business</b> 1483 INDIAN PASS ROAD	<b>3. Mailing Address</b> 1483 INDIAN PASS ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> PORT ST. JOE FL	<b>City &amp; State</b> PORT ST. JOE FL
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<b>Zip</b> 32456	<b>Country</b>	<b>Zip</b> 32456	<b>Country</b>
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<b>4. FEI Number</b> 59-3562458	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

<b>STEELE MARIE</b> 690 INDIAN PASS ROAD  PORT ST. JOE FL 32456 US
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**7. Name and Address of New Registered Agent**

<b>Name</b> STEELE MARIE
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1483 INDIAN PASS ROAD
<b>City</b> PORT ST. JOE FL
<b>Zip Code</b> 32456

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	<b>04/30/2001</b> DATE
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<input checked="" type="checkbox"/> Delete
<b>NAME</b> ROMANELLI JOSEPH	
<b>STREET ADDRESS</b> 690 INDIAN PASS RD	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	
<b>TITLE</b> D	<input checked="" type="checkbox"/> Delete
<b>NAME</b> EELLS BARBARA	
<b>STREET ADDRESS</b> 680 HIGHWAY 98	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	
<b>TITLE</b> T	<input type="checkbox"/> Delete
<b>NAME</b> ROMANELLI JOSEPH	
<b>STREET ADDRESS</b> 690 INDIAN PASS RD	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	
<b>TITLE</b> S	<input type="checkbox"/> Delete
<b>NAME</b> HATCHER PENNY	
<b>STREET ADDRESS</b> 547 JEHU RD	
<b>CITY-ST-ZIP</b> WEWAHITCHKA FL 32465	
<b>TITLE</b> VP	<input type="checkbox"/> Delete
<b>NAME</b> NELSON TIM	
<b>STREET ADDRESS</b> 411 BALTZELL AVE	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> STEELE MARIE	
<b>STREET ADDRESS</b> 690 INDIAN PASS RD	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STEELE MARIE	
<b>STREET ADDRESS</b> 1483 INDIAN PASS RD	
<b>CITY-ST-ZIP</b> PORT ST. JOE FL 32456	
<b>TITLE</b> S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ROMANELLI JOSEPH	
<b>STREET ADDRESS</b> 690 INDIAN PASS RD	
<b>CITY-ST-ZIP</b> PORT ST. JOE FL 32465	
<b>TITLE</b> VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> NELSON TIM	
<b>STREET ADDRESS</b> 411 BALTZELL AVE	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	
<b>TITLE</b> PD/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STEELE MARIE	
<b>STREET ADDRESS</b> 1483 INDIAN PASS RD	
<b>CITY-ST-ZIP</b> PORT SAINT JOE FL 32456	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Marie Steele P/T 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)