2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2004
Secretary of State

DOCUMENT# N99000001386

Entity Name: ST. JOE WILDLIFE SANCTUARY AND EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

690 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

690 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 59-3562458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEELE, MARIE
690 INDIAN PASS ROAD
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: STEELE, MARIE
Address: 690 INDIAN PASS RD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V/D ( ) Delete
Name: ROMANELLI, JOSEPH
Address: 690 INDIAN PASS ROAD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S/D ( ) Delete
Name: LEWIS, JO ANNE
Address: 848 E. PINE AVENUE
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: T/D ( ) Delete
Name: PARRISH, DIANA J
Address: 389 TREASURE ROAD
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: COLLINS, JOSEPH T
Address: 1502 MEDINAH CIRCLE
City-St-Zip: LAWRENCE, KS 66047

Title: D ( ) Delete
Name: SHAFER, RON
Address: 12409 MASSIMIANI ROAD
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA J. PARRISH T/D 04/03/2004

Electronic Signature of Signing Officer or Director — Date