

DOCUMENT # N99000002332

1. Entity Name

WILDLIFE ENCOUNTERS, INCORPORATED

FILED

May 08, 2000 8:00 am
Secretary of State

04-20-2000 90009 029 ****70.00

Principal Place of Business

Mailing Address

906 CHEROKEE RD SE
PALMBAY FL 32909PO BOX 100855
PALM BAY FL 32910-0855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-00-087185-20

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTHER, LOUIS E JR
906 CHEROKEE RD SE
PALMBAY FL 32909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GUNTHER, LOUIS E JR	}
STREET ADDRESS	906 CHEROKEE RD SE	
CITY-ST-ZIP	PALMBAY FL 32909	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANKFORD, CINDY M	
STREET ADDRESS	906 CHEROKEE RD SE	
CITY-ST-ZIP	PALMBAY FL 32909	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARISE, FRANK	
STREET ADDRESS	906 CHEROKEE RD SE	
CITY-ST-ZIP	PALMBAY FL 32909	

TITLE	STANLEY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLY GUNTHER	
STREET ADDRESS	484 TRIEA RD. N.W	
CITY-ST-ZIP	PALM BAY, FL 32907	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA ROSENKRANZ	
STREET ADDRESS	2697 TRINIDAD CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32934	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLE SHOLINSKI	
STREET ADDRESS	2815 RANCH ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32904	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (321) 753-6526

Date

Daytime Phone #

CR2E037 (9/99)