

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006775

FILED
Apr 23, 2009
Secretary of State

Entity Name: WAKULLA WILDLIFE SANCTUARY INC.

Current Principal Place of Business:

198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 26-0837707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA WILD MAMMAL ASSOCIATION INC
198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327 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 () Delete
Name: BEATTY, CHRIS M MRS
Address: 198 EDGAR POOLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: ALBERTS, BETSY MRS
Address: 18 JARED STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: HEPPLER, GILLIAN C MS
Address: 1546 RANKIN AVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: CREESE, JUDIE MRS
Address: 35 BUNTING DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: RICHMOND, ANASTASIA MS
Address: 4242 BENCHMARK TRACE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: RICHMOND, JAMES L MR
Address: 4242 BENCHMARK TRACE
City-St-Zip: TALLAHASSEE, FL 32317

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
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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 exemption stated 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 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: CHRISTINE BEATTY

MRS

04/23/2009

Electronic Signature of Signing Officer or Director

Date