

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-16-2002 90062 014 ****70.00

DOCUMENT # 701000002883

1. Entity Name

Seacrest Wolf Preserve, Inc.

DO NOT WRITE IN THIS SPACE

92980

2. Principal Place of Business

3449 Barnett Pond Road

Suite, Apt. #, etc.

3. Mailing Address

3449 Barnett Pond Road

Suite, Apt. #, etc.

City & State

Chipley, Florida

City & State

Chipley, Fla.

Zip

32428

Country

USA

Zip

32428

Country

USA

4. FEI Number

59-3709419

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

William Wayne Watkins

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

3449 Barnett Pond Road

City

Chipley

FL

Zip 32428

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
William Wayne Watkins-President
3449 Barnett Pond Road
Chipley, FL 32428 D.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Cynthia E. Watkins
3449 Barnett Pond Rd. Chipley, FL
32428 D.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman
Christopher C. Johnson
2391 Gurgeson Rd. Chipley, FL
32428 T.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia E. Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2002 850-713-2897

Date

Office Phone #

CR2E037B (12/01)