

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002883

FILED
Apr 19, 2011
Secretary of State

Entity Name: SEACREST WOLF PRESERVE, INC.

Current Principal Place of Business:

3449 BONNETT POND RD
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

3449 BONNETT POND RD
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 59-3709419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, WILLIAM W
3449 BONNETT POND RD
CHIPLEY, FL 32428 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: PD
Name: WATKINS, WAYNE W
Address: 3449 BONNETT POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: VP
Name: WATKINS, CYNTHIA E
Address: 3449 BONNETT POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: BM
Name: AMMONS, DANIEL L
Address: 377 E. BURNIS ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: BM
Name: AMMONS, ELIZABETH M
Address: 377 E. BURNIS ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: BM
Name: BODIE, RICK
Address: 7 RIDGE WAY
City-St-Zip: NICEVILLE, FL 32578

Title: BM
Name: BODIE, CINDY
Address: 7 RIDGE WAY
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH M. AMMONS

BM

04/19/2011

Electronic Signature of Signing Officer or Director

Date