

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725645

FILED
Apr 11, 2022
Secretary of State
1224709339CC

Entity Name: FLORIDA WILDLIFE HOSPITAL & SANCTUARY INC.

Current Principal Place of Business:

4560 NORTH U.S. HIGHWAY 1
PALM SHORES, FL 32935

Current Mailing Address:

4560 NORTH U.S. HIGHWAY 1
PALM SHORES, FL 32935 US

FEI Number: 23-7292826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRAMPTON, TRACY L
4560 NORTH U.S. HIGHWAY 1
MELBOURNE, FL 32935 US

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: TRACY FRAMPTON

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name FRAMPTON, TRACY L
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title TREASURER, DIRECTOR
Name STITZEL, AARON CPA/PFS
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR
Name HILL, ANDREA
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR, CHAIRMAN
Name QUIROZ, JOSIE
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR
Name HARRISON, JULIE
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR, VC
Name TORPEY, JIM
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR, SECRETARY
Name MCGILL, DONNA
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR
Name FARQUHARSON, MICHELLE
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Continues on page 2

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: JOSIE QUIROZ

ED

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SALYER, MICHELLE
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935

Title DIRECTOR
Name GILLAM, CLAY
Address 4560 NORTH U.S. HIGHWAY 1
City-State-Zip: PALM SHORES FL 32935