

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765175

**Entity Name:** WILDLIFE SANCTUARY OF NORTHWEST FLORIDA  
INCORPORATED**Current Principal Place of Business:**105 NORTH S ST  
PENSACOLA, FL 32505**Current Mailing Address:**105 NORTH S ST  
PENSACOLA, FL 32505**FEI Number: 59-2222303****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KAUFMANN, DOROTHY W  
105 NORTH S ST  
PENSACOLA, FL 32505 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: DOROTHY KAUFMANN****02/02/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BARNARD, DEBBIE  
Address 105 NORTH S ST  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name JONES, MARY  
Address 105 NORTH S ST  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name JORDAN, ROBERT  
Address 105 NORTH S ST  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name KAUFMANN, JOHN  
Address 105 NORTH S ST  
City-State-Zip: PENSACOLA FL 32505

Title SECRETARY  
Name WEBB, FRANCES  
Address 105 NORTH S ST  
City-State-Zip: PENSACOLA FL 32505

Title PRESIDENT  
Name O'CONNOR, MOLLY  
Address 105 NORTH S ST  
City-State-Zip: PENSACOLA FL 32505

Title TREASURER  
Name WAHLQUIST, DIANE  
Address 105 NORTH S STREET  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name ODOM, ELLEN  
Address 105 NORTH S STREET  
City-State-Zip: PENSACOLA FL 32505

*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: DIANE WAHLQUIST****TREASURER****02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date