

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765175

Entity Name: WILDLIFE SANCTUARY OF NORTHWEST FLORIDA
INCORPORATED**FILED**
Mar 22, 2016
Secretary of State
CC8413186144**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT
Name STEIMEL, LARRY
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title D
Name ROBINSON, ALAN
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title S
Name BARNARD, DEBBIE
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title T
Name DEAN, DALE
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title D
Name JONES, MARY
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title VP
Name JORDAN, BOB
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title DIRECTOR
Name KAUFMANN, JOHN
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505Title DIRECTOR
Name LAWHEAD, STEAMER
Address 105 NORTH S ST
City-State-Zip: PENSACOLA FL 32505**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: LARRY STEIMEL**PRES****03/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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