## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000002883

**Current Principal Place of Business:** 

Entity Name: SEACREST WOLF PRESERVE, INC.

3449 BONNETT POND RD CHIPLEY, FL 32428

**Current Mailing Address:** 

3449 BONNETT POND RD CHIPLEY, FL 32428 US

FEI Number: 59-3709419 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLIN, NATHAN G 5407 COTTON STREET GRACEVILLE, FL 32440 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: NATHAN G. NOLIN 11/13/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **BOARD MEMBER** 

Name JOHNSON, GREGORY O'NEAL Name O'HARA, TIMOTHY WAYNE

102 NANNIE OLA COURT 560 RIOLA PLACE Address Address

City-State-Zip: PENSACOLA FL 32506 LASCASSAS TN 37085 City-State-Zip:

Title **BOARD MEMBER** Title **SECRETARY** 

Name JOHNSON, CATHERINE MAITLEN Name O'HARA, LISA ANNE

Address 102 NANNIE OLA COURT Address 560 RIOLA PLACE City-State-Zip: LASCASSAS TN 37085 City-State-Zip: PENSACOLA FL 32506

Title **FACILITY MANAGER** Title **MANAGER** 

Name BANKS, LINDSEY JOHNSON, CHRISTOPHER C Name

3449 BONNETT POND RD Address Address 3915 W 27TH CT

City-State-Zip: CHIPLEY FL 32428 PANAMA CITY FL 32405 City-State-Zip:

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: CHRISTOPHER JOHNSON

Electronic Signature of Signing Officer/Director Detail

MANAGER

11/13/2020

**FILED** 

Nov 13, 2020

**Secretary of State** 3474449171CC