

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002883

Entity Name: SEACREST WOLF PRESERVE, INC.**Current Principal Place of Business:**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

04/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, GREGORY O'NEAL
Address 102 NANNIE OLA COURT
City-State-Zip: LASCASSAS TN 37085

Title BOARD MEMBER
Name O'HARA, TIMOTHY WAYNE
Address 560 RIOLA PLACE
City-State-Zip: PENSACOLA FL 32506

Title SECRETARY
Name O'HARA, LISA ANNE
Address 560 RIOLA PLACE
City-State-Zip: PENSACOLA FL 32506

Title BOARD MEMBER
Name JOHNSON, CATHERINE MAITLEN
Address 102 NANNIE OLA COURT
City-State-Zip: LASCASSAS TN 37085

Title FACILITY MANAGER
Name BANKS, LINDSEY
Address 3449 BONNETT POND RD
City-State-Zip: CHIPLEY FL 32428

Title BOARD MEMBER
Name BANKS, JENNIFER LEIGH
Address 2889 CHATSWORTH HWY 225 NE
City-State-Zip: CALHOUN GA 30701

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: LINDSEY BANKSFACILITY MANAGER/
DIRECTOR OF
OPERATIONS

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date