

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02165

**Entity Name:** TREASURE COAST WILDLIFE HOSPITAL, INC.**Current Principal Place of Business:**8626 SW CITRUS BLVD  
PALM CITY, FL 34990**Current Mailing Address:**8626 SW CITRUS BLVD  
PALM CITY, FL 34990**FEI Number:** 59-2410883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAUGK, JAMES  
2964 NE SEWALL'S LANDING WAY  
JENSEN BEACH, FL 34957 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 PD  
Name HAUGK, JAMES  
Address 2964 NE SEWALLS LANDING WAY  
City-State-Zip: JENSEN BEACH FL 34957

Title OFFICER  
Name ELLIOTT, REBECCA  
Address 3089 SE LIMETREE TERR  
City-State-Zip: STUART FL 34997

Title EXE DIRECTOR  
Name NASH, SUSAN  
Address 11406 SW MEADOWLARK CIRCLE  
City-State-Zip: STUART FL 34997

Title VP  
Name RICE, WILSON  
Address 11365 SW MEADOWLARK CIR  
City-State-Zip: STUART FL 34997

Title S  
Name NEESE, RUTH  
Address 3182 SW WATSON CT  
City-State-Zip: PORT ST. LUCIE FL 34953

Title OFFICER  
Name BOWES, ED  
Address 3182 SW WATSON CT  
City-State-Zip: PORT ST LUCIE FL 34953

Title OFFICER  
Name CHEATWOOD, STEFANIE  
Address 6854 SW BUSCH ST  
City-State-Zip: PALM CITY FL 34990

Title TREASURER  
Name NOVY, SARA  
Address 1847 SW STRATFORD WAY  
City-State-Zip: PALM CITY FL 34990

**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: SUSAN NASH****EX. DIRECTOR****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           OFFICER  
Name           GREEN, BRIAN  
Address        1900 S KANNER HWY  
City-State-Zip: STUART FL 34994

Title           OFFICER  
Name           FOX, LEONARD DVM  
Address        167 SE OSPREY RIDGE  
City-State-Zip: PORT ST LUCIE FL 34984