

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02165

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC3094273127**

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

Title TD  
Name GRAVES, GEORGIANNE  
Address 408 A GUNTER AVE  
City-State-Zip: GUNTERSVILLE AL 35976

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

Title ED  
Name MARTINELLI, DANIEL EXE DIR  
Address 4229 SW TUSCOL ST.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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: DANIEL MARTINELLI**

**DIRECTOR**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date