

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02165

**FILED
Mar 27, 2014
Secretary of State
CC0615896830**

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 948 SW 33RD ST.
City-State-Zip: PALM CITY FL 34990

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: JAMES HAUGK

PRESIDENT

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date