

2021 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 VD
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 OFFICER
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 TREASURER
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

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****01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date