

2017 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	TD
Name	GRAVES, GEORGIANNE
Address	948 SW 33RD ST.
City-State-Zip:	PALM CITY FL 34990

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

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

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

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

PD

01/16/2017

Electronic Signature of Signing Officer/Director Detail_____
Date