

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003710

**Entity Name:** WILDLIFE CENTER OF VENICE, INC.

**Current Principal Place of Business:**

925 N JACKSON RD  
VENICE, FL 34292-1813

**Current Mailing Address:**

925 N JACKSON RD  
VENICE, FL 34292-1813 US

**FEI Number:** 20-1065695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAASCH, SANDI  
406 GIOVANNI DR  
NOKOMIS, FL 34275 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:** SANDI RAASCH

04/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CORL, LARRY  
Address        1220 GROVELAND AVE  
City-State-Zip: VENICE FL 34285

Title            VP  
Name            STEBER, JAN  
Address        1236 PORT LANE  
City-State-Zip: SARASOTA FL 34242

Title            SECRETARY  
Name            DURETTE, KAREN  
Address        712 GRANADA AVE  
City-State-Zip: VENICE FL 34285

Title            TREASURER  
Name            RAASCH, SANDI  
Address        406 GIOVANNI DR  
City-State-Zip: NOKOMIS FL 34275

Title            DIRECTOR  
Name            DEFOUW, PAMELA  
Address        1300 N JACKSON RD  
City-State-Zip: VENICE FL 34292

*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:** SANDI RAASCH

**TREASURER**

04/07/2019

Electronic Signature of Signing Officer/Director Detail

Date