

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008524

**Entity Name:** ELMIRA'S WILDLIFE SANTUARY INC.**Current Principal Place of Business:**13910 SEMINOLE TRAIL  
WIMAUMA, FL 33598**Current Mailing Address:**PO BOX 63  
WIMAUMA, FL 33598**FEI Number:** 20-3338451**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENWOOD, ROBIN TMS  
1616 LIGHTFOOT RD.  
WIMAUMA, FL 33598 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           | PRES                     |
| Name            | GREENWOOD, ROBIN TMS     |
| Address         | 1616 LIGHTFOOT RD.       |
| City-State-Zip: | WIMAUMA FL 33598         |
| Title           | DIR                      |
| Name            | PETRICK, CHAD MR         |
| Address         | 2406 CITRUS FLOWER       |
| City-State-Zip: | WIMAUMA FL 33598         |
| Title           | DIRECTOR                 |
| Name            | GARRETT, FERRIS O        |
| Address         | 1014 REGAL MANOR WAY     |
| City-State-Zip: | SUN CITY CENTER FL 33573 |

|                 |                                |
|-----------------|--------------------------------|
| Title           | DIR                            |
| Name            | HAASE, SALLY MS                |
| Address         | 50 HUME DRIVE<br>HURBULT FIELD |
| City-State-Zip: | HURLEURT FL 32544              |
| Title           | SECRETARY, TREASURER           |
| Name            | WILLIAMSON, DARLENE MS         |
| Address         | 5112 BONITA DRIVE              |
| City-State-Zip: | WIMAUMA FL 33598               |

*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:** DARLENE S WILLIAMSON**TREASUREER****04/26/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date