

2015 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 HAASE, SALLY MS
Address 50 HUME DRIVE
 HURBULT FIELD
City-State-Zip: HURLEURT FL 32544

Title DIR
Name PETRICK, CHAD MR
Address 2406 CITRUS FLOWER
City-State-Zip: WIMAUMA FL 33598

Title SECRETARY, TREASURER
Name WILLIAMSON, DARLENE MS
Address 5112 BONITA DRIVE
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

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 WILLIAMSON

SEC/TREAS.

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date