

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	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 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 WILLIAMSON**SEC/TREAS.****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date