

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006775

Entity Name: WAKULLA WILDLIFE SANCTUARY INC.

Current Principal Place of Business:

198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327

FEI Number: 26-0837707

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FLORIDA WILD MAMMAL ASSOCIATION INC
198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327 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 DIRECTOR
Name BEATTY, CHRIS MMRS
Address 198 EDGAR POOLE RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP
Name DAVIS, SCOTT AMR
Address 122 BURNT PINE LOOP
City-State-Zip: ST MARKS FL 32355

Title S
Name SMITH, ROCHELLE MS
Address 6561 GODWIN BLVD
City-State-Zip: SUFFOLK VA 23432

Title T
Name RUBY, ROBIN MS
Address 1714 CRAWFORDVILLE HIGHWAY,
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT
Name BEATTY, JESSICA LMS
Address 198 EDGAR POOLE RD
City-State-Zip: CRAWFORDVILLE FL 32327

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: CHRISTINE BEATTY

DIRECTOR

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date