

**2018 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: CHRIS BEATTY**

**DIRECTOR**

**02/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date