

**2022 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:** No

**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 VP  
Name BEATTY, CHRIS M  
Address 198 EDGAR POOLE RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title S  
Name SMITH, ROCHELLE  
Address 265 PROSPECT AVE, UNIT 18  
City-State-Zip: MIDDLETOWN RI 02842

Title T  
Name RUBY, ROBIN  
Address 1412 BROKEN BOW CT  
City-State-Zip: PERRY FL 32347

Title PRESIDENT  
Name BEATTY, JESSICA  
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 M BEATTY

VICE PRESIDENT

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date