

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006775

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC7705114923**

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

Title VP  
Name RICHMOND, JAMES LMR  
Address 4242 BENCHAMRK TRACE  
City-State-Zip: TALLAHASSEE FL 32317

Title S  
Name HEPPLER, GILLIAN CMS  
Address 1546 RANKIN AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title T  
Name RICHMOND, ANASTASIA MS  
Address 4242 BENCHMARK TRACE  
City-State-Zip: TALLAHASSEE FL 32317

Title D  
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

**PRESIDENT**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date