#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700006775

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

Name and Address of Current Registered Agent:

FLORIDA WILD MAMMAL ASSOCATION INC 198 EDGAR POOLE RD CRAWFORDVILLE, FL 32327 US FILED Feb 23, 2021 Secretary of State 8547102831CC

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	DIRECTOR	Title	VP	
Name	BEATTY, CHRIS MMRS	Name	DAVIS, SCOTT AMR	
Address	198 EDGAR POOLE RD	Address	122 BURNT PINE LOOP	
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	ST MARKS FL 32355	
Title	S	Title	Т	
Name	SMITH, ROCHELLE MS	Name	RUBY, ROBIN MS	
Address	6561 GODWIN BLVD	Address	1714 CRAWFORDVILLE HIGHWAY,	
City-State-Zip:	SUFFOLK VA 23432	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

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date