

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003228

**Entity Name:** FORCED EXOTIC ANIMAL RELOCATION AND CENTER FOR EDUCATION, INC.

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**9332985486CC**

**Current Principal Place of Business:**

9732 MOORE ROAD  
LAKELAND, FL 33809

**Current Mailing Address:**

9732 MOORE ROAD  
LAKELAND, FL 33809

**FEI Number: 45-4916108**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANDLIN, DEBRA  
9732 MOORE ROAD  
LAKELAND, FL 33809 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            PRESIDENT, TREASURER  
Name            SANDLIN, DEBRA  
Address        9732 MOORE ROAD  
City-State-Zip: LAKELAND FL 33809

Title            VP, SECRETARY  
Name            MALTMAN, LEONOR  
Address        9732 MOORE ROAD  
City-State-Zip: LAKELAND FL 33809

Title            D  
Name            OCONNOR, RACHEL  
Address        9732 MOORE ROAD  
City-State-Zip: LAKELAND FL 33809

Title            DIRECTOR  
Name            HOWARD, KALA DEBRA SANDLIN  
Address        9732 MOORE ROAD  
City-State-Zip: LAKELAND FL 33809

Title            DIRECTOR  
Name            WASIKO, PAM  
Address        9732 MOORE ROAD  
City-State-Zip: LAKELAND FL 33809

*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: DEBRA M. SANDLIN**

**PRESIDENT**

**02/01/2024**

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

\_\_\_\_\_  
Date