2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2022
Secretary of State
3482685457CC

DOCUMENT# N16000011170

Entity Name: WILD FLORIDA RESCUE CORP.

Current Principal Place of Business:

520 CINNAMON DR
SATELLITE BEACH, FL 32937

Current Mailing Address:

1270 N. WICKHAM RD
SUITE 16#218
MELBOURNE, FL 32935 US

FEI Number: 81-4514699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEPE, BALEEN H
1934 WALLACE AVE
MELBOURNE, FL 32935 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: BALEEN H PEPE 04/05/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT / CHAIRMAN
Name	CRAIG, DALE
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	SECRETARY
Name	OPENSHAW, VICKIE
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIRECTOR, VETERINARIAN
Name	BOCKELMAN, ANGELA DR.
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIRECTOR
Name	MATHEWS, JO-ELLEN
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	COO
Name	PEPE, BALEEN H
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	TREASURER
Name	CRAIG, DALE
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIRECTOR
Name	RICE, NIKIA
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIRECTOR
Name	WINKLEPLECK, BRIAN
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937

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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: DALE CRAIG PRESIDENT 04/05/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HAYES, ALICE
Address	520 CINNAMON DR
City-State-Zip:	SATELLITE BEACH FL 32937