

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000003106

Entity Name: MACIAS WILDLIFE SOCIETY OF BONITA BAY, INC.

Current Principal Place of Business:

27351 HIDDEN RIVER COURT
BONITA SPRINGS, FL 34134

Current Mailing Address:

P.O. BOX 366002
BONITA SPRINGS, FL 34136 US

FEI Number: 82-5084292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLENHORST, SANDRA
27351 HIDDEN RIVER COURT
BONITA SPRINGS, FL 34134 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/SECRETARY/DIRECTOR
Name HOLLENHORST, SANDRA J
Address 27351 HIDDEN RIVER COURT
City-State-Zip: BONITA SPRINGS FL 34134

Title VICE PRESIDENT/DIRECTOR
Name FINLEY, PENNY
Address 27500 RIVER BANK DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER/DIRECTOR
Name JACKSON, BARBARA
Address 27040 LAKE HARBOR CT., #102
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name TYRE, LORAINE
Address 27203 SHELL RIDGE CIRCLE
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name MCCRAY, STEPHEN
Address 27250 HIDDEN RIVER CT.
City-State-Zip: BONITA SPRINGS FL 34134

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: SANDRA J HOLLENHORST

**PRESIDENT/SECRETARY/ 01/28/2022
DIRECTOR**

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date