

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009846

Entity Name: NORTH FLORIDA WILDLIFE CENTER INC.**Current Principal Place of Business:**1386 COOK ROAD
LAMONT, FL 32336**Current Mailing Address:**1386 COOK ROAD
LAMONT, FL 32336 US**FEI Number: 83-1901333****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REINES, RYAN D
1386 COOK ROAD
LAMONT, FL 32336 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 EXECUTIVE DIRECTOR
Name REINES, RYAN D
Address 1386 COOK ROAD
City-State-Zip: LAMONT FL 32336Title DIR
Name YOB, SAARAH
Address 65 W 2ND MOUNTAIN RD
City-State-Zip: POTSVILLE PA 17901Title DIR
Name HILL, CATHERINE SANGOTRA
Address AMBOLAMADINIKA, TAMATAVE 501
City-State-Zip: TOAMASINA-ITitle DIRECTOR
Name REINES, BART L
Address 4400 GATE LANE
City-State-Zip: MIAMI FL 33137Title DIR
Name HILL, DONALD MATTHEW
Address AMBOLAMADINIKA TAMATAVE 501
City-State-Zip: TOAMASINA-ITitle DIR
Name MCGANN, TIM
Address 1471 OLD ST AUGUSTINE ROAD
City-State-Zip: TALLAHASSEE FL 32301

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: REINES , RYAN D**EXECUTIVE DIRECTOR****03/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date