

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000002969

Entity Name: GALAPAGOS TORTOISE ALLIANCE, INC.

Current Principal Place of Business:

LCSO-MEDICAL
2501 ORTIZ
FORT MYERS, FL 33905

FILED
Apr 11, 2022
Secretary of State
9057485894CC

Current Mailing Address:

LCSO-MEDICAL
2501 ORTIZ
FORT MYERS, FL 33905 US

FEI Number: 87-2232243

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PORTER, WILLIAM
LCSO-MEDICAL
2501 ORTIZ
FORT MYERS, FL 33905 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 D
Name ADAMS, COLETTE
Address 500 RINGOLD STREET
City-State-Zip: BROWNSVILLE TX 78520

Title D, VP
Name ESPENSHADE, WILL
Address 3810 SIERRA MORENA AVE
City-State-Zip: CARLSBAD CA 92010-2819

Title D
Name LOUIS, EDWARD
Address 3701 S 10TH ST
City-State-Zip: OMAHA NE 68107

Title D
Name FLANAGAN, JOE
Address 1513 CAMBRIDGE STREET
City-State-Zip: HOUSTON TX 77030

Title D, PRESIDENT
Name PORTER, WILLIAM
Address 2501 ORTIZ
City-State-Zip: FORT MYERS FL 33905

Title D
Name ROACH, THOMAS
Address 27943 SECO CANYON RD #144
City-State-Zip: SANTA CLARITA CA 91350

Title D
Name WIGERT, ERIK
Address 2930 SOUTH RD
City-State-Zip: N FORT MYERS FL 33917

Title D, SECRETARY, TREASURER
Name WILSON, MARK
Address 11878 STONEY OAKS
City-State-Zip: RANCHO CORDOVA CA 95742

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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: MARK L WILSON

**SECRETANRY,
TREASURER**

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name WORKMAN, MARION
Address 3354 ANTICA
City-State-Zip: FT MYERS FL 33905