

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21419

**Entity Name:** WREDE'S WILDLIFE CENTER, INC.**Current Principal Place of Business:**4820 WILDERNESS TRAIL  
SEBRING, FL 33875**Current Mailing Address:**4820 WILDERNESS TRAIL  
SEBRING, FL 33875**FEI Number:** 59-2836736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WREDE, KAREN R. PRES.  
4820 WILDERNESS TRAIL  
SEBRING, FL 33875 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	STD
Name	WREDE, DAVID
Address	4820 WILDERNESS TRAIL
City-State-Zip:	SEBRING FL 33875

Title	PD
Name	WREDE, KAREN
Address	4820 WILDERNESS TRAIL
City-State-Zip:	SEBRING FL 33875

Title	D
Name	BOREM, HELEN
Address	216 POLK ST
City-State-Zip:	LAKE PLACID FL 33852

Title	D
Name	ANDERSON, WENDELL
Address	105 NOTRE DAME
City-State-Zip:	LAKE PLACID FL

Title	D
Name	BROWN, STEPHEN C
Address	2425 COUNTRY CLUB RD
City-State-Zip:	SEBRING FL 33872

*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: DAVID WREDE****STD****04/29/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date