

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001329

**Entity Name:** FLORIDA WILDLIFE CARE, INC.

**Current Principal Place of Business:**

3400 SE 15 ST  
GAINESVILLE, FL 32641-1405

**Current Mailing Address:**

3400 SE 15 ST  
GAINESVILLE, FL 32641-1405 US

**FEI Number:** 59-3178292

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRAUB, LESLIE E  
3400 SE 15 ST  
GAINESVILLE, FL 32641-1405 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:** LESLIE E STRAUB

05/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BERKOVICH, LARISSA  
Address 10514 NW 47 TERR  
City-State-Zip: GAINESVILLE FL 32653

Title VP  
Name SKIMMING, KAREN  
Address 6320 NW 120 AVE  
City-State-Zip: CORAL SPRINGS FL 33076

Title PRESIDENT, TREASURER  
Name HAYES, PEARSE  
Address 5733 SW 75TH ST  
City-State-Zip: GAINESVILLE FL 32608

*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:** KAREN SKIMMING

VP

05/18/2017

Electronic Signature of Signing Officer/Director Detail

Date