

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

DOCUMENT# N95000004767

**Entity Name:** THE WILDLIFE CENTER AT UNCLE DONALD'S FARM, INC.

**Current Principal Place of Business:**

40789 UNCLE DONALDS LANE  
LADY LAKE, FL 32159

**Current Mailing Address:**

40789 UNCLE DONALDS LANE  
LADY LAKE, FL 32159

**FEI Number:** 59-3426836

**Certificate of Status Desired:** No

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

MORRIS, DONNA L  
40789 UNCLE DONALDS LANE  
LADY LAKE, FL 32159 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            MORRIS, DONNA L  
Address        40789 UNCLE DONALD'S LANE  
City-State-Zip: LADY LAKE FL 32159

Title            D  
Name            WILSON, MARK DR. DVM  
Address        P.O. BOX 2319 N/A  
City-State-Zip: BELLEVIEW FL 34421

*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:** DONNA L. MORRIS

**STD**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date