## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006626

FILED Mar 15, 2011 Secretary of State

Entity Name: WILDLIFE RESCUE COALITION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

6853 SEABOARD AVE JACKSONVILLE, FL 32244

Current Mailing Address: New Mailing Address:

3930 NOVALINE LANE JACKSONVILLE, FL 32277

FEI Number: 20-0966951 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TIDWELL, BARBARA Y 3930 NOVALINE LANE JACKSONVILLE, FL 32277 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

## **OFFICERS AND DIRECTORS:**

Title: PES

Name: TIDWELL, BARBARA Y
Address: 3930 NOVALINE LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP

Name: HART, STEPHEN DVM
Address: 12134 FT. CAROLINE RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title:

 Name:
 PARADISE, BRIAN

 Address:
 13 ARBOR CLUB DR #315

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082

Title:

Name: JACKSON, ROBERT DVM
Address: 11337 KINGSLEY MANOR WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title:

 Name:
 HOAG, DEBORRAH

 Address:
 727 EAGRET BLUFF LN

 City-St-Zip:
 JACKSONVILLE, FL
 32211

Title:

 Name:
 JORGENSEN, MIKE ESQ.

 Address:
 11350 ST. AUGUSTINE RD. #353

 City-St-Zip:
 JACKSONVILLE, FL 32257

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: BARBARA Y. TIDWELL PRES 03/15/2011