

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006626

FILED  
Oct 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6853 SEABOARD AVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

6853 SEABOARD AVE  
JACKSONVILLE, FL 32244 US

**Current Mailing Address:**

3930 NOVALINE LANE  
JACKSONVILLE, FL 32277

**New Mailing Address:**

3930 NOVALINE LANE  
JACKSONVILLE, FL 32277 US

**FEI Number:** 20-0966951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TIDWELL, BARBARA Y  
3930 NOVALINE LANE  
JACKSONVILLE, FL 32277 US

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

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:** BARBARA Y. TIDWELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

**Title:** D  
**Name:** ROWELL, LISA  
**Address:** 1906 TANGLEWOOD RD  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

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

**Title:** D  
**Name:** HOAG, DEBORRAH  
**Address:** 727 EAGRET BLUFF LN  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** D  
**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

P

10/04/2012

Electronic Signature of Signing Officer or Director

Date