

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000412

Entity Name: SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.**Current Principal Place of Business:**1161 27TH STREET SOUTHWEST
NAPLES, FL 34117**Current Mailing Address:**1161 27TH STREET SOUTHWEST
NAPLES, FL 34117**FEI Number: 59-3691867****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEPPEN, DEANNA LYNNE
1161 27TH STREET SW
NAPLES, FL 34117 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:** DEANNA L. DEPPEN**01/30/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	DEPPEN, DEANNA L
Address	1161 27TH STREET SOUTHWEST
City-State-Zip:	NAPLES FL 34117

Title	TREASURER, DIRECTOR
Name	BILTZ, SHANE
Address	1161 27TH ST SW
City-State-Zip:	NAPLES FL 34117

Title	DIRECTOR, PRESIDENT
Name	SWIDERSKI, BETH
Address	1161 27TH STREET SOUTHWEST
City-State-Zip:	NAPLES FL 34117

Title	SECRETARY, DIRECTOR
Name	POLING-MURPHY, MICHELE
Address	1161 27TH STREET SOUTHWEST
City-State-Zip:	NAPLES FL 34117

Title	VP, DIRECTOR
Name	WILSON, KEN
Address	1161 27TH STREET SOUTHWEST
City-State-Zip:	NAPLES FL 34117

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: DEANNA L. DEPPEN**EXECUTIVE DIRECTOR****01/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date