

2013 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:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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	P	Title	VPD
Name	SMITH, NANCY J	Name	DEPPEN, DEANNA L
Address	1161 27TH ST SW	Address	1161 27TH ST SW
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117
Title	DT	Title	D
Name	BILTZ, SHANE	Name	MCCOLLUM, BILL
Address	1161 27TH ST SW	Address	1161 27TH ST SW
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117
Title	DIRECTOR, SECRETARY	Title	D
Name	DELGROSSO, LOIS	Name	HANCO, GININE
Address	1161 27TH STREET SW	Address	1161 27TH STREET SW
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117
Title	DIRECTOR		
Name	SULLIVAN, MIKE		
Address	1161 27TH STREET SW		
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

VP

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date