2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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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:

HEWITT, JAIME ESQ.
3447 PINE RIDGE RD.
STE. #101
NAPLES, FL 34119 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: JAIME HEWITT, ESQ. 01/09/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	SMITH, NANCY J
Address	1161 27TH STREET SOUTHWEST
City-State-Zip:	NAPLES FL 34117

Title	CEO
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	D, VP
Name	HEWITT, JAIME
Address	1161 27TH ST SW
City-State-Zip:	NAPLES FL 34117

Title	DIRECTOR, SECRETARY
Name	DELGROSSO, LOIS
Address	1161 27TH STREET 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	DIRECTOR
Name	ALBRECHT, JEREMY
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 DEPPEN EXECUTIVE DIRECTOR 01/09/2018

Electronic Signature of Signing Officer/Director Detail — Date