

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

09/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 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

Title VP, DIRECTOR
Name EVERTS, PETER PHD
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

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,
CEO**

09/02/2019

Electronic Signature of Signing Officer/Director Detail

Date