## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002778

Entity Name: WILDLANDS CONSERVATION, INC.

**Current Principal Place of Business:** 

15310 AMBERLY DRIVE SUITE 250

TAMPA, FL 33647

**Current Mailing Address:** 

15310 AMBERLY DRIVE SUITE 250

TAMPA, FL 33647 US

FEI Number: 20-0017147 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD. SUITE 1

SARASOTA, FL 34236 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

**FILED** Jan 11, 2021

**Secretary of State** 

0065633535CC

Officer/Director Detail:

Title **BOARD PRESIDENT** Title **BOARD MEMBER** Name MUSHINSKY, HENRY Name MCCREE, HEIDI

**DEPT BIOLOGY SCA110 - USF** 2917 WEST WALLCRAFT AVE Address Address

City-State-Zip: TAMPA FL 33620 City-State-Zip: TAMPA FL 33611

٧P Title **BOARD TREASURER/SECRETARY** Title

Name MCKNIGHT, MARGO LAX, JOHN Name Address BONNET HOLE DRIVE 16102 DARNELL ROAD Address City-State-Zip: THONOTOSASSA FL 33592

City-State-Zip: LUTZ FL 33549

Title **EXECUTIVE DIRECTOR** Title **BOARD MEMBER** SUMPTER, DAVID Name

Name MUSSELMAN, FRITZ Address 14932 LAKEWOOD DR Address 15310 AMBERLY DRIVE

SUITE 250 City-State-Zip:

TAMPA FL 33559 TAMPA FL 33647 City-State-Zip:

Title **BOARD MEMBER** HILL, CHERYL Name

15310 AMBERLY DRIVE Address

SUITE 250

TAMPA FL 33647 City-State-Zip:

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.

01/11/2021 SIGNATURE: DAVID SUMPTER EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date