2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2024
Secretary of State
3848391657CC

DOCUMENT# N03000006626

Entity Name: WILDLIFE RESCUE COALITION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

5250 PORTER ROAD EXT.
ST, AUGUSTINE, FL 32095

Current Mailing Address:

5250 PORTER ROAD EXT.
ST. AUGUSTINE, FL 32095 US

FEI Number: 20-0966951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILDLIFE RESCUE COALITION OF NORTHEAST FLORIDA
5250 PORTER ROAD EXT
ST. AUGUSTINE, FL 32095 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: LISA ROWELL 02/22/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	ROWELL, LISA
Address	5250 PORTER ROAD EXT.
City-State-Zip:	ST, AUGUSTINE FL 32095

Title	DIRECTOR
Name	HOAG, DEBORRAH
Address	727 EAGRET BLUFF LN
City-State-Zip:	JACKSONVILLE FL 32211

Title	SECRETARY
Name	DODGE, DIANA
Address	1720 CHANDELIER CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	DOUGLAS, CYNTHIA
Address	12060 DIAMOND SPRINGS DR
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HART, STEPHEN DVM
Address	1220 MAPLETON ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	AUSTIN, MOLLY
Address	663 13TH AVENUE SOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	WESLEY, JANET
Address	423 IREX ROAD
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DIRECTOR
Name	TIDWELL, BARBARA Y
Address	3930 NOVALINE LANE
City-State-Zip:	JACKSONVILLE FL 32277

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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: LISA ROWELL PRESIDENT 02/22/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DARROW, BRETT GREGORY DVM
Address	140 SEASIDE CIRCLE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	BOYD, BETH
Address	4463 CHARTER POINT BLVD
City-State-Zip:	JACKSONVILLE FL 32377

Title	DIRECTOR
Name	BOURQUE, SABRINA
Address	6613 SAHDY OAK DRIVE
City-State-Zip:	JACKSONVILLE FL 32277

Title	TREASURER
Name	KAHLER, BARBARA
Address	3268 BROKEN BRANCH LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	DIRECTOR
Name	LEWIS, GEORGE WILLIAM JR.
Address	1201 CREEK BEND ROAD
City-State-Zip:	JACKSONVILLE FL 32259