2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2021
Secretary of State
8159458681CC

DOCUMENT# N03000006626

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

Current Principal Place of Business:

6853 SEABOARD AVE
JACKSONVILLE, FL 32244

Current Mailing Address:

3930 NOVALINE LANE
JACKSONVILLE, FL 32277 US

FEI Number: 20-0966951

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TIDWELL, BARBARA Y
3930 NOVALINE LANE
JACKSONVILLE, FL 32277 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: BARBARA Y TIDWELL 04/30/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

Title	TREASURER
Name	BOYD, BETH
Address	4463 CHARTER POINT
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	NICHOLS, JARD
Address	7017 CRANE AVENUE
City-State-Zip:	JACKSONVILLE FL 32216

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

Title	DIRECTOR
Name	JORGENSEN, MICHAEL ESQ.
Address	2318 PARK STREET
City-State-Zip:	JACKSONVILLE FL 32204

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

Title	DIRECTOR
Name	NICHOLS, JOANN
Address	7017 CRANE AVENUE
City-State-Zip:	JACKSONVILLE FL 32216

Continues on page 2

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: BARBARA Y TIDWELL P 04/30/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOSLEY, JAMES
Address 4473 SUNBEAM ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name HAWKINS, PATRICIA
Address 3867 NOVALINE LANE
City-State-Zip: JACKSONVILLE FL 32277

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

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

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

Title DIRECTOR
Name CHAPMAN, LINDSEY
Address 12245 GEHRIG DRIVE
City-State-Zip: JACKSONVILLE FL 32224

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