

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

04/28/2023

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

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

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

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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**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TIDWELL, BARBARA Y
Address 3930 NOVALINE LANE
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 DARROW, BRETT GREGORY DVM
Address 140 SEASIDE CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082