2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2014
Secretary of State
CC4724292032

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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: No

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	D
Name	ROWELL, LISA
Address	1906 TANGLEWOOD RD
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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

Title	D
Name	SEATON, LONETTE
Address	1500 BELLE RIVE BLVD. #2601
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	HART, STEPHEN DVM
Address	12134 FT. CAROLINE RD.
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	JACKSON, ROBERT DVM
Address	11337 KINGSLEY MANOR WAY
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	JORGENSEN, MICHAEL ESQ.
Address	11250 ST. AUGUSTINE RD. #15353
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	DONAHUE, BETTY
Address	10150 BELLE RIVE BLVD. #111
City-State-Zip:	JACKSONVILLE FL 32256

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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: BARBARA Y. TIDWELL OWNER 04/11/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title S
Name DOWLING, LISA
Address 1228 RIVER BANK COURT
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name AUSTIN, MOLLY
Address 1100 SEAGATE AVENUE
APT #286
City-State-Zip: NEPTUNE BEACH FL 32266

Title D
Name KOUVATSOS, TAMMY
Address 9380-53 103RD STREET
City-State-Zip: JACKSONVILLE FL 32210

Title D
Name SOLDNER, ROBERT
Address 4305 VARNER ROAD
City-State-Zip: JACKSONVILLE FL 32210

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

Title D
Name KNIGHT, MARNIE DVM
Address 5085 N. RIPPLE RUSH DRIVE
City-State-Zip: ST. JOHNS FL 32257

Title D
Name KOUVATSOS, NICK
Address 9380-53 103RD STREET
City-State-Zip: JACKSONVILLE FL 32210

Title D
Name HARTER, ROBERT
Address 11286 J.D. SMITH TRAIL
City-State-Zip: GLEN ST. MARY FL 32040