

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** 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:** BARBARA Y TIDWELL

02/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SAFFY, MICHAEL
Address 5474 WOODWIND TERRACE
City-State-Zip: JACKSONVILLE FL 32277

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

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

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

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

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

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

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

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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**CHAIRMAN**

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title CHAIRMAN
Name TIDWELL, BARBARA Y
Address 3930 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 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 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