

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008524

**Entity Name:** ELMIRA'S WILDLIFE SANTUARY INC.

**Current Principal Place of Business:**

13910 SEMINOLE TRAIL  
WIMAUMA, FL 33598

**Current Mailing Address:**

PO BOX 63  
WIMAUMA, FL 33598

**FEI Number:** 20-3338451

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREENWOOD, ROBIN TMS  
15508 MORNING DR.  
LUTZ, FL 33559 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:** ROBIN T GREENWOOD

04/26/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name GREENWOOD, ROBIN TMS  
Address 15508 MORNING DR.  
City-State-Zip: LUTZ FL 33559

Title DIR  
Name PETRICK, CHAD MR  
Address 2406 CITRUS FLOWER  
City-State-Zip: WIMAUMA FL 33598

Title SECRETARY, TREASURER  
Name WILLIAMSON, DARLENE MS  
Address 5112 BONITA DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title DIRECTOR OF RESOURCES  
Name AOKI, SUSET  
Address 14008 SWEAT LOOP ROAD  
City-State-Zip: WIMAUMA FL 33598

Title DIRECTOR  
Name BOHANNON, ELIZABETH DR.  
Address 803 OLD DARBY STREET  
City-State-Zip: SEFFNER FL 33584

*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:** DARLENE WILLIAMSON

**TREASURER**

04/26/2025

Electronic Signature of Signing Officer/Director Detail

Date