

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000004088

**Entity Name:** ALAQUA ANIMAL REFUGE, INC.

**Current Principal Place of Business:**

155 DUGAS WAY  
FREEPORT, FL 32439

**Current Mailing Address:**

155 DUGAS WAY  
FREEPORT, FL 32439 US

**FEI Number:** 02-0806313

**Certificate of Status Desired:** No

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

HOOD, LAURIE H  
959 WHITFIELD ROAD  
FREEPORT, FL 32439 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:** LAURIE HOOD

09/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOOD, LAURIE H  
Address        959 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title            VPT, SECRETARY  
Name            DRAPER, LINDA  
Address        229 DOLPHIN DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            DIRECTOR  
Name            HARMON, HUNTER  
Address        1325 WESTERN LAKE DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            CHAIRMAN  
Name            CAPERS, JOE  
Address        914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            MCNEESE, DEMETRIA  
Address        914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            WILSON, JACKSON L JR.  
Address        914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            CARROLL, BETH  
Address        914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title            DIRECTOR  
Name            DUGAS, LYNN  
Address        914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

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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:** TAYLOR HOOD

VP

09/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HANEY, MICHAEL  
Address 914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title VP  
Name HOOD, TAYLOR P  
Address 959 WHITFIELD RD  
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR  
Name LILLIE, KENT  
Address 145 COURTYARD CIRCLE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name BEAMAN, RENEE  
Address 4505 BELLBERRY LANDING  
City-State-Zip: DESTIN FL 32451

Title TREASURER  
Name HENRY, DEBRA  
Address 914 WHITFIELD ROAD  
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR  
Name MCNEESE, RICHARD  
Address 36468 EMERALD COAST PKWY  
SUITE 1201  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR  
Name RUSSELL, SCOTT  
Address 2997 BAY VILLAS COURT  
City-State-Zip: MIRAMAR BEACH FL 32550