

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002768

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**2716476426CC**

**Entity Name:** FREE ALL CAPTIVE ELEPHANTS, INC.

**Current Principal Place of Business:**

425 PARK AVE.  
SATELLITE BCH., FL 32937

**Current Mailing Address:**

1071 S. PATRICK DR., STE. 372722  
SATELLITE BCH., FL 32937 US

**FEI Number:** 82-0815762

**Certificate of Status Desired:** No

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

GAUG, DENISE  
425 PARK AVE.  
SATELLITE BCH., FL 32937 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 D/T  
Name WEINRICH, MICHELLE  
Address 1010 ANTLER DR.  
City-State-Zip: GLENMILLS PA 19342

Title D  
Name POSSENTI, ADRIENNE  
Address 51 N. BREWSTER RD  
City-State-Zip: VINELAND NJ

Title S  
Name COLLINS, JUDY  
Address 95 CONVERSE AVENUE  
City-State-Zip: MALDEN MA 02148

Title VTD  
Name VITULLE, ROBIN  
Address 3 SHIPMASTER DRIVE  
City-State-Zip: BRIGANTINE NJ 08203

Title PSD  
Name GAUG, DENISE  
Address 425 PARK AVENUE  
City-State-Zip: SATELLITE BCH. FL 32937

Title S  
Name POSSENTI, ADRIENNE  
Address 51 N. BREWSTER ROAD  
City-State-Zip: VINELAND NJ 08361

Title DIRECTOR  
Name KRAMER, CRYSTAL  
Address 425 PARK AVE.  
City-State-Zip: SATELLITE BCH. FL 32937

*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:** DENISE GAUG

**PRESIDENT**

**03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date