

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003953

Entity Name: FOURWINDS ANIMAL RESCUE & SANCTUARY
REHABILITATION, INC.**Current Principal Place of Business:**807 E 15TH STREET
PANAMA CITY, FL 32405**Current Mailing Address:**807 E 15TH STREET
PANAMA CITY, FL 32405--__ UN**FEI Number: 47-3247452****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUBBARD, CARLA
807 E 15TH ST
PANAMA CITY, FL 32405 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	PRES	Title	SECR
Name	HUBBARD, CARLA	Name	HUBBARD, CARLA
Address	4930 HASTY POND RD	Address	4930 HASTY POND RD
City-State-Zip:	MARIANNA FL 32448	City-State-Zip:	MARIANNA FL 32448
Title	DIR	Title	DIR
Name	HUBBARD, CARLA	Name	FLYNN, JAMES
Address	4930 HASTY POND RD	Address	4930 HASTY POND RD
City-State-Zip:	MARIANNA FL 32448-__	City-State-Zip:	MARIANNA FL 32448

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: CARLA HUBBARD**PRESIDENT****04/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date