

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000003727

Entity Name: ROYAL RESCUE & WILDLIFE SANCTUARY, INC.**Current Principal Place of Business:**315 PINTO LANE
PALM BAY, FL 32329**Current Mailing Address:**315 PINTO LANE
PALM BAY, FL 32329 US**FEI Number:** 47-4450235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TELANDER, DIANE
315 PINTO LANE
PALM BAY, FL 32329 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 | PRESIDENT, SECRETARY, DIRECTOR |
| Name | TELANDER, DIANE |
| Address | 315 PINTO LANE |
| City-State-Zip: | PALM BAY FL 32329 |

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|-----------------|-------------------|
| Title | D, VP |
| Name | WENGER, MANFRED |
| Address | 315 PINTO LANE |
| City-State-Zip: | PALM BAY FL 32329 |

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|-----------------|---------------------------|
| Title | TREASURER |
| Name | CAMPBELL, KIMBERLY |
| Address | 3015 HACKENSACK AVENUE SE |
| City-State-Zip: | PALM BAY FL 32909 |

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|-----------------|-------------------|
| Title | S |
| Name | TELANDER, DIANE |
| Address | 315 PINTO LANE |
| City-State-Zip: | PALM BAY FL 32329 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | PRUS, AMELIA A |
| Address | 22W644 POPLAR |
| City-State-Zip: | GLEN ELLYN IL 60137 |

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: DIANE TELANDER**PRESIDENT****01/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date