

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004388

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: WILDLANDS PROJECT, INC.

## Current Principal Place of Business:

2608 APPLEWOOD DRIVE  
TITUSVILLE, FL 32780 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 5284  
TITUSVILLE, FL 327835284 US

## New Mailing Address:

FEI Number: 16-1402497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOONE, SANDI  
2608 APPLEWOOD DR  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRANSKOU, MARY  
Address: 101 CLEARVIEW AVENUE  
City-St-Zip: OTTAWA, ON K1Y 2L1 CN

Title: V ( ) Delete  
Name: SIZEMORE, DENNIS  
Address: 284 WEST 400 NORTH, SUITE 105  
City-St-Zip: SALT LAKE CITY, UT 84103 US

Title: S ( ) Delete  
Name: FITZGERALD, KATHLEEN  
Address: 14 BEACON STREET, SUITE 506  
City-St-Zip: BOSTON, MA 02108 US

Title: T ( ) Delete  
Name: JOHNS, DAVID  
Address: PO BOX 725  
City-St-Zip: MCMINNVILLE, OR 971280725 US

Title: ED ( ) Delete  
Name: MCKNIGHT, MARGO  
Address: 11022 BONNET HOLE DRIVE  
City-St-Zip: THONOTPSASSA, FL 33592 US

Title: O ( ) Delete  
Name: BOONE, SANDI  
Address: 2608 APPLEWOOD DRIVE  
City-St-Zip: TITUSVILLE, FL 32780 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SIZEMORE, DENNIS  
Address: 284 WEST 400 NORTH, SUITE 105  
City-St-Zip: SALT LAKE CITY, UT 84103 US

Title: V (X) Change ( ) Addition  
Name: DAVIS, JOHN  
Address: PO BOX D-2  
City-St-Zip: ELIZABETHTOWN, NY 12932 US

Title: S (X) Change ( ) Addition  
Name: JOHNS, DAVID  
Address: PO BOX 725  
City-St-Zip: MCMINNVILLE, OR 97128 US

Title: T (X) Change ( ) Addition  
Name: AMENT, ROB  
Address: 417 EAST STORY ST  
City-St-Zip: BOSEMAN, MT 59715 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDI BOONE

O

03/05/2008

Electronic Signature of Signing Officer or Director

Date