

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F08000002199

Entity Name: THE WFG FOUNDATION, INC.

Current Principal Place of Business:

11315 JOHNS CREEK PARKWAY
DULUTH, GA 30097

New Principal Place of Business:

Current Mailing Address:

11315 JOHNS CREEK PARKWAY
DULUTH, GA 30097

New Mailing Address:

FEI Number: 82-0557271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: STONEHOCKER, TIMMY L.
Address: 4333 EDGEWOOD RD. NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DVP () Delete
Name: VAHL, JEROME C.
Address: 11315 JOHNS CREEK PARKWAY
City-St-Zip: DULUTH, GA 30097

Title: D () Delete
Name: HOLM, MONTE
Address: 219 GARNET LANE
City-St-Zip: MESQUITE, NV 89027

Title: S () Delete
Name: EASLEY, LEESA M.
Address: 11315 JOHNS CREEK PARKWAY
City-St-Zip: DULUTH, GA 30097

Title: T () Delete
Name: MOATE, NANCY A.
Address: 11315 JOHNS CREEK PARKWAY
City-St-Zip: DULUTH, GA 30097

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: P () Change (X) Addition
Name: DAVIES, KENT H
Address: 11315 JOHNS CREEK PARKWAY
City-St-Zip: DULUTH, GA 30097

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: LEESA M. EASLEY

S

04/22/2009

Electronic Signature of Signing Officer or Director

Date